



EMPLOYEE DETAIL FORMS (Confidential):
Employment Award: **BUILDING TRADES AWARD 1968**

Name: _____

Address: _____

Phone: _____ M: _____ Email: _____

Tax File Number _____

Date of Birth _____

BLUE/WHITE Card # _____ Drivers Licence & Class _____

Criminal Convictions yes / No – detail _____

Police Clearance Required: yes / no (attached) _____

Employment FULL TIME PART TIME CASUAL PROBATION 1, 2, 3 Months

PAYMENT METHODS

Account Name: _____

BSB No & Branch: _____

Account Number _____

WAGE RATES

Hourly Rate (Gross): \$ _____

Standard working hours _____

SUPERANNUATION:

Name of Fund _____

Member Number: _____

Or Employers Fund Westscheme Superannuation

Signed by Employee

Dated



"The Paving People est. 1989"

EMPLOYEE DETAIL FORM: Confidential
Medical Information Emergency
Employment Award: BUILDING TRADES AWARD 1968

Name: _____

PREVIOUS MEDICAL HISTORY: (ie – Allergies, Current Medication)

DOCTORS / SPECIALIST/ MEDICATION:

Medical Clearance required: Yes / No (attached)

NEXT OF KIN (in case of any Emergency):

1) Name: _____
Address: _____
Contact Number(s): _____

2) Name: _____
Address: _____
Contact Number(s): _____

Signed by Employee

Dated

ACCESS BRICKPAVING CO

EMPLOYEE DETAIL FORM OHS – SAFETY PROCEDURES

*** EMPLOYEE COPY ***

Employment Award: **BUILDING TRADES AWARD 1968**

THE FOLLOWING SAFETY AND HEALTH PROCEDURES MUST BE **FOLLOWED AT ALL TIMES**, FAILURE TO FOLLOW THE GUIDELINES COULD RESULT IN INSTANT DISMISSAL.

- 1) COLOURED SAFETY VESTS & WORK UNIFORMS MUST BE WORN AT ALL TIMES
- 2) SAFETY STEEL CAPPED BOOTS MUST BE WORN AT ALL TIMES
- 3) GLOVES ARE PROVIDED TO ENSURE PROTECTION OF HANDS AND IS RECOMMENDED TO BE USED AT ALL TIMES
- 4) PROTECTIVE GLASSES / EARMUFFS / EARPLUGS ARE TO BE USED AND WORN AT ALL TIMES WHIST CUTTING IS REQUIRED
- 5) ALL APPROPRIATE SAFETY SIGNS ARE TO BE ERRECTED PRIOR TO THE COMMENCEMENT OF ANY WORK
- 6) JOB RISK ASSESSMENT FORMS TO BE COMPLETED PRIOR TO THE COMMENCEMENT OF ANY WORK
- 7) PEDESTRIANS MUST BE ESCORTED WHEN NECESSARY THROUGH WORK SITE
- 8) JOBSITE IS TO BE KEPT CLEAN AND TIDY AT ALL TIMES, DURING AND AFTER WORK TO AVOID HAZARDS.
- 9) WHEN PARKING THE TRUCK(S) ON THE VERGE OR ROAD, WITCHES HATS MUST BE POSITIONED ON EITHER SIDE OF THE VEHICLE AND LOLLY LIGHTS FLASHING, TO WARN ON COMING TRAFFIC
- 10) SUN CREAM IS PROVIDED AND RECOMMENDED FOR USE DURING WORK
- 11) ALL BRICKS/SAND/RUBBISH ETC, IS TO BE STACKED NEATLY AFTER THE JOB IS COMPLETED FOR THE DAY, TOGETHER WITH THE ERECTION OF FLAGS/WITCHES HATS TO ALERT PEDESTRIANS/OR VEHICLES OF POSSIBLE HAZARDS.
- 12) REPORT ALL HAZARDS TO YOUR SUPERVISOR
- 13) ANY CONFLICTS WITH OTHER STAFF SHOULD BE ADDRESSED WITH THE SUPERVISOR FIRST
- 14) IN THE CASE OF AN ACCIDENT ON SITE, REPORT ANY INJURY TO THE SAFETY/FIRST AID OFFICER IMMEDIATELY
- 15) ANY EMPLOYEE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS WHILST AT WORK, WILL RESULT IN AN IMMEDIATE DISMISSAL.
- 16) ALL EMPLOYEES ARE TO ACT IN A PROFESSIONAL MANNER AT ALL TIMES
- 17) ALL OUTSTANDING DEBT OCCURS AT LUNCH BARS OR OTHER ARE TO BE SETTLED BEFORE TERMINATION, ALL CLOTHING PROVIDED IS PROPERTY OF ACCESS BRICK PAVING AND IS TO BE RETURNED WASHED.

NAME
Signed by Employee

Dated

ACCESS BRICKPAVING CO

EMPLOYEE DETAIL FORM OHS – SAFETY PROCEDURES

*** OFFICE COPY ***

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Signed by Employee

Dated

ACCESS BRICKPAVING CO

ADMINISTRATION – NEW EMPLOYEES CHECK LIST

*** OFFICE COPY ONLY ***

Employment Award: BUILDING TRADES AWARD

NEW EMPLOYEE NAME:

CHECKLIST:-

INITIAL

- EMPLOYMENT APPLICATION / OFFER OF EMPLOYMENT
- MEDICAL INFORMATION FORM
- ATO TAX FILE NUMBER DECLARATION & WITHOLDING DECLARATION
- EMPLOYMENT DETAILS, BANK DETAILS
- SUPERANNUATION DETAILS RECEIVED
- OHS AND SAFETY PROCEDURES RECIEVED AND SIGNED
- PHOTO COPIES OF DRIVERS LICENCE/BLUE-WHITE CARD/CERTIFICATES

OTHER INFORMATION:-

- MEDICAL CLEARANCE
- POLICE CLEARANCE

SIGNED (Admin Staff) _____

Date: _____