



RPM Employee Application Form

CLASSIFICATION

Name:

Surname:

Job position:

Date of Birth:

/ /

Telephone No:

Mobile No:

Email Address:

Address:

Postcode:

Postal Address:
(if different to above)

Postcode:

EMERGENCY CONTACT

Name:

Relationship:

Contact No:



Employee Application Form (cont.)

SKILLS / QUALIFICATIONS

Type of work/position
applied for:

Trade/s:

Tickets:

Licences:

Steel Cap Boots:

Yes ☐ No ☐

Tools of Trade:

Yes ☐ No ☐

AVAILABILITY

Own transport:

Yes ☐ No ☐

Available for shift
work:

Yes ☐ No ☐

Availability (as of):

/ /



Employee Application Form (cont.)

EMPLOYMENT HISTORY

Resume attached: Yes ☐ No ☐

If you have attached your resume to this form please go straight to MEDICAL SECTION.

Last Job: _____

Company: _____

Start Date: / /

Finish Date: / /

Supervisor's Name: _____

Supervisor's Contact No: _____

Second Last Job: _____

Company: _____

Start Date: / /

Finish Date: / /

Supervisor's Name: _____

Supervisor's Contact No: _____



Employee Application Form (cont.)

MEDICAL SECTION

Please advise of any existing, pre existing medical conditions (eg asthma, diabetes, back problems, epilepsy etc) that may, or has, affected your ability to work in a safe and efficient manner.

Please list any workers compensation claims.

Medical Conditions:

Work Cover Claims:



Employee Application Form (cont.)

BANKING DETAILS

Please ensure all information is correct.

Today's Date: / /

Full Name: _____

Tax File Number: _____

Bank: _____

Branch: _____

BSB: _____

Account Number: _____

Account Name: _____

Email Address: _____

Superannuation fund
and No: _____

Would you like to receive your pay slips electronically (via email)?

Yes ☐ No ☐

Employee Application Form (cont.)

STATEMENT OF AGREEMENT

- The information I have provided is true and correct.
- I understand that I am employed on a casual basis and all hourly rates are inclusive of, and in lieu of, holiday pay and sick pay.
- I understand that my term of employment is based upon the changing requirements of RPM and their client's, and that my employment may be terminated at any stage without further liability other than wages earned prior to termination.
- Completing an application form does not constitute an employment contract between RPM and myself. A contract shall only be in force if employed, and then only for the duration of that casual employment.
- I am an Australian citizen, or;
- I have the legal right to work in Australia, or;
- I have permanent residency in Australia, or a;
- Work permit No: _____ Expiry: / /

I agree to the above terms and conditions: Yes ☐ No ☐

Employee full name: _____

Employee signature: _____ Date: / /



Employee Application Form (cont.)

SAFETY CERTIFICATION FORM

Please download RPM Contracting's safety guidelines and read thoroughly before continuing below.

- I certify that I have read a copy of the RPM P/L safety guidelines. These have been reviewed with me and I fully understand them, and will be guided by them throughout my employment.
- I will at all times adhere to all safety rules and procedures as explained in Host Employer Inductions.
- I understand that violating these rules could result in injury to myself and others, and that I may be dismissed for such behaviour.
- I will report any injury, incident or near miss to my on-site supervisor and RPM immediately.
- I give my permission to be medically screened for drugs and alcohol if injured on the job and attend a medical facility for treatment.

I agree to the above terms and conditions: Yes ☐ No ☐

Employee full name: _____

Employee signature: _____ Date: / /