



**Camlin Investments**  
 ABN 18 082 736 945  
 Head Office Ph: 02 9523 0527  
 Depot Ph: 02 6761 5375  
 www.camlin.com.au

**Employment Application Form**

**Date of Application** \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Date started at this address: \_\_\_\_\_ If Less than 10 yrs at this address, please see Page 2

Phone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Licence Details – Copies of licenses will be required upon employment.**

Drivers Lic Type HR/HC/MC: \_\_\_\_\_ Lic Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ First Obtained: \_\_\_\_\_ State Issued: \_\_\_\_\_

Dangerous Goods Lic:? YES  NO  No.: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Can you read and write English confidently \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

Please supply copy of birth certificate or passport & medicare card to be used to complete required inductions.

**Health, Medical and Safety**      **Date of Last Full Medical** \_\_\_\_\_ **Please submit a copy.**

The D.G Code prohibits smoking in a D.G Vehicle. Do you smoke? \_\_\_\_\_

Have you ever had a Workers Compensation Claim? YES  NO  If YES Date of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Time on Workers Compensation \_\_\_\_\_ Date Cleared for Work \_\_\_\_\_

Please submit Fit for Work Certificate is Claim less than 2 year old.

Have you/Are you Suffering from any Syndrome /Disease /Affliction that may affect your duties:

\_\_\_\_\_

Have You Ever Been Involved/ Caused A Serious Accident? If yes, Details please

\_\_\_\_\_

Have You Ever Been Charged With a Criminal Offence? YES  NO

Full uniform and safety equipment are provided and must be worn at all times when required - Would this be an issue?

YES  NO  Uniform Size: Med  Lge  XL  XXL



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**Employment History**

Are You Currently Employed: \_\_\_\_\_ Company Name \_\_\_\_\_ Start Date \_\_\_\_\_

Name and Contact Number of Reference: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Dates From / To \_\_\_\_\_

Name and Contact Number of Reference: \_\_\_\_\_

**Payroll Details**

Bank Details: BSB: \_\_\_\_\_ Account # \_\_\_\_\_ Account Name: \_\_\_\_\_

Tax File Number: \_\_\_\_\_

Superannuation Fund Name: \_\_\_\_\_ Member/Account Number: \_\_\_\_\_

Are you Enrolled In Child Support Scheme : \_\_\_\_\_

**Additional Information - Previous Addresses, up to the past 10 years**

Address: \_\_\_\_\_

Date started at this address: \_\_\_\_\_

Address: \_\_\_\_\_

Date started at this address: \_\_\_\_\_

\_\_\_\_\_  
The above information is to the best of my knowledge and realise I can be held liable if false or misleading information has been given.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_