



Sydney 02 9832 1044
 Newcastle 02 4961 3002
 Hunter Valley 02 5504 5525
 Central Coast 02 4346 4262

Brisbane 07 3333 5513
 Gold Coast 07 5588 5158
 Sunshine Coast 07 5445 4900
 Gympie 07 5408 4060

Borger Crane Hire & Rigging Services Pty Ltd (ABN: 98 001 947 413)
 Head Office: 40 Killo Crescent, Glendenning NSW 2761, Australia

admin@borgercranes.com
 www.borgercranes.com

New Employee Details Form

Induction Date: _____	Medical Date: _____
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Full Name: _____	Date of Birth: _____
Home Address: _____	Home Phone: _____
	Mobile Phone: _____
Email Address for payslips: _____	
Unique Student Identifier No.: _____	

Licences Held			
Drivers Licence No.: _____ Categories: _____ Exp. Date: _____			
License Type	Card Number	Issue Date	Exp Date
White Card	_____	_____	_____
High Risk Work Licence	_____	_____	_____
Rail Industry Safety Induction	_____	_____	_____

Superannuation & Other Financial Details	
Super Fund: _____	
Member No. _____	
Long Service Leave No. _____	ACIRT No. _____
Tax File No. _____	

Next of Kin Details	
Contact Name: _____	Relationship _____
Contact Address: _____	Home Phone: _____
	Mobile Phone: _____

Banking Details for Pay	
Bank Name: _____	Account Name: _____
BSB: _____	Account No. _____

Note: NO NEW EMPLOYEE CAN WORK UN-INDUCTED UNLESS SUPERVISED BY A CURRENT BORGER CRANES EMPLOYEE

Are you legally entitled to work in Australia? Yes / No Note: you may be asked to provide proof of residency / visa details

Have you ever been disqualified/suspended/refused from holding a Driver's Licence? Yes / No

If yes, please provide detailed reasons _____

Education Details	
High School/Secondary School:	_____
Year completed:	_____
Tafe/University/Tertiary School:	_____
Courses Completed:	_____
Technical/Trade/Tickets held:	_____

Employment History	
Employer Name:	_____
Position Held:	_____
Dates:	_____
Reason for leaving	_____
Employer Name:	_____
Position Held:	_____
Dates:	_____
Reason for leaving	_____
Employer Name:	_____
Position Held:	_____
Dates:	_____
Reason for leaving	_____

Work Referees	
Company:	_____
Name	_____ Phone: _____
Company:	_____
Name	_____ Phone: _____

Medical Information

If offered a position, your employment is conditional on meeting certain medical requirements relevant to the performance of that position. You will also be required to have a medical examination. You will also be subjected to drug screening on a regular basis

1. Do you have any physical, health or medical problems which may affect your ability to carry out the position you have applied for? Yes / No
2. Are you allergic to any medication? Yes / No
3. Have you every suffered any serious injury? Yes / No
4. Do you have any other ailments we should be advised of? Yes / No

If yes to any of the above, please provide details: _____

Workers Compensation Claims

Detail all workers compensation claims throughout Australia. If you have had any past or present claims, please supply a letter from the workers compensation authority confirming claims. This is a mandatory requirement (please attach).

Have you ever had a Workers Compensation Claim? Yes / No

If yes, please provide the following details:

Date of Injury	Nature of Injury	Employer	Period of Compensation

Overtime and Travel between Depots

If the job you have applied for requires overtime, weekend shift work and/or travel to other work locations; are you able to do this at reasonable notice? Yes / No

Declaration

I declare that the above information is true and correct. I understand that in the event of my employment by Borger Cranes. I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorise Borger Cranes to inquire into my past employment history and references as needed to research my qualifications for this position.

If employed, I agree to comply with Workplace Health and Safety Legislation, all of Borger Crane's internal company policies and procedures, rules and instructions including the wearing of protective clothing and safety equipment, site inductions and competency testing and company requirements.

I hereby acknowledge that I have read and agree to the above statement.

Name: _____ Signature: _____

Date: _____