





## Employee Personal Details Form

ABN 34 159 035 766

PO Box 272, Glen Forrest, WA 6071  
P. (08) 9250 1766 | F. (08) 9250 1799  
E. fastrak@bigpond.com

### CONTACT DETAILS

DATE:

FIRST NAME:

SURNAME:

OTHER:

ADDRESS:

POSTCODE:

HOME PHONE:

MOBILE PHONE:

EMAIL:

### BANKING DETAILS

FINANCIAL INSTITUTION NAME:

BRANCH:

NAME ACCOUNT IS HELD IN:

BSB NUMBER:

ACCOUNT NUMBER:

TAX FILE NUMBER:

### SUPERANNUATION CONTRIBUTION FROM EMPLOYER

NAME OF SUPERANNUATION FUND:

MEMBERSHIP NUMBER:

ADDRESS OF SUPER FUND:

MEMBERSHIP SPIN NUMBER:

ANY OTHER INFORMATION:

I authorise Fastrak Fabrication and Engineering Pty Ltd to give my TFN to the trustee of my nominated superannuation fund or to my retirement savings account (RSA) provider

SIGNED:

PLEASE RETURN SIGNED

SIGNED:

DATE:



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Section 79 of the Western Australian Workers' Compensation and Injury Management Act 1981 gives an arbitrator discretion to refuse to award compensation which would otherwise be payable where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for an injury, wilfully and falsely represented himself as not having previously suffered from the injury.

	YES	NO		YES	NO		YES	NO
1. Have you previously been registered for work with a personnel management company?			6. Have you at present any illness or disability?			11. Do you wear glasses or contact lenses?		
2. Have you previously completed a Health Assessment Questionnaire for the purposes of employment?			7. Do you drink alcohol, smoke tobacco or use prescribed medication?			12. Have you ever had to change jobs due to a reaction to chemicals, dust, grease, or other substances?		
3. Have you ever had an accident or illness for which you have applied or intend to apply for worker's compensation?			8. Have you ever failed a drug and alcohol test?			13. Do you have any residual effects from any injury suffered while playing sport?		
4. Has an accident or illness kept you off work for more than one week?			9. Have you undergone any surgical treatments?			14. Have you received a medical exam within the last 2 years?		
5. Have you ever been rejected for life insurance or had a loading on your policy?			10. Have you ever been a patient in any hospital, mental or other?			15. Do you wear a hearing aid?		

**Have you ever had or are you suffering from any of the following:**

	YES	NO		YES	NO		YES	NO
16. Tumour, cyst, cancer			26. Phobia's			36. Bladder disease		
17. Paralysis (including polio)			27. Epilepsy, fits or convulsions			37. Difficulty wearing boots or shoes		
18. Swollen or painful joints			28. Mental illness			38. Hernia		
19. Shortness of breath			29. Depression			39. Stomach ulcers		
20. Heart condition			30. Deafness			40. Legionnaires disease		
21. Heart disease			31. Diabetes			41. Fractured bones		
22. High or low blood pressure			32. Concussion or severe head injury			42. Back or neck injury or pain		
23. Asthma			33. Hepatitis			43. Shoulder injury or pain		
24. Allergies			34. HIV			44. Other joint injury or dislocation		
25. Fainting or blackouts			35. Kidney disease			45. Any other disease, injury, illness or disability		

If "YES" answered to any questions please give details on the following page, including but not limited to any medication you are currently taking or take on a daily basis.



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**Further details section:** fill in question number followed by details

Q NO	DETAILS
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**Declaration and Consent**

- I declare that the details I have given on the application form and the Health Assessment Questionnaire are true and correct.
- I authorise Fastrak Fabrication and Engineering to obtain any medical or other information needed to process this application for employment.
- I consent to any necessary medical examination and tests related to this application for employment.
- I consent to the release of medical, clinical or other information to Fastrak Fabrication and Engineering by any medical practitioner, hospital, insurance company, the Department of Social Security or other organisation in relation to this application for employment.
- I hereby accept that any false statement herein may render this agreement terminated.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Inducted by: \_\_\_\_\_ Date: \_\_\_\_\_



ABN 34 159 035 766  
 PO Box 272, Glen Forrest, WA 6071  
 Head Office: Unit 12 Midland Village  
 27 Old Great Northern Hwy Midland  
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Fastrak Fabrication and Engineering are offering a range of work clothes and boots to all employees at discounted prices for bulk purchasing. Other clothes, boots and jackets are available on request. All prices are inclusive of GST and delivery. If you wish to purchase any items through Fastrak please complete this form and return it to the main office or give it to Paul direct. Clothing purchases will be deducted from your pay when your order is received. Ensure accurate clothes and boot sizes are correct when completing the form below.

Fastrak have made this a non-profit deal which we hopefully will save you money.

Uniform charges (refundable if worked more than 250 hours) keep up the good work.

Always a pleasure regards,

Paul Peghini

ITEM	SIZE	DESCRIPTION	PRICE	QTY	TOTAL PRICE
SHIRT		Orange Cotton Drill L/S	\$		\$
		Orange Cotton Drill L/S Tapped	\$		\$
JACKET		Cotton Drill Jacket Taped with Zip	\$		\$
TROUSERS		Navy Pants	\$		\$
		Navy Taped Pants	\$		\$
BOOTS		Steel Blue Portland Wheat High	\$		\$
OVERALLS		Overalls Bisley H/Duty Navy Blue	\$		\$
JEANS		Bisley Rough Rider Denim Jeans	\$		\$
OTHERS			\$		\$

**TOTAL PRICE** \$

I \_\_\_\_\_ approve  
 Fastrak Fabrication purchase work clothes on my  
 behalf and deduct the total price as listed on this form  
 from my wages for this purchase.

Sign: \_\_\_\_\_

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

OFFICE USE ONLY
Approved Fastrak Administration
Sign: _____
Date: _____