



XTREME PROTECTION GROUP

Xtreme Protection Group – Job Application Form

APPLICANT SECTION

Position applied for: _____

Personal details

Given name: _____ Family name: _____

Preferred name: _____

Address: _____

Telephone Daytime: _____ Mobile: _____

Email: _____

Current qualifications

Qualification title	Institution/training provider	Year completed

- Do You Currently have Legal work rights to work in Australia? Yes No
If yes Please provide your Passport copy for verification
- Do You Currently have Following Licence's and Certificates?
if yes please provide copies with your application.
- Security Licence Number:-
- Driver's Licence Number:-
- First Aid Certificate Number:-
- RSA:-
- Passport Number, Australian or International:-

Previous employment (most recent first)

Employer name/ establishment	Dates from/to	Position held	Reason for leaving	Office use check initial/date

What type of work are you available for? (tick one) Full time Part time Casual

When will you be available for work? _____

PLEASE NOTE: - ALL CASUAL EMPLOYEES WILL BE HIRED AND GIVEN SHIFTS / WORK AS PER THE COMPANY'S OPERATION REQUIREMENTS WITH NO MINIMUM SHIFTS / WORK GUARANTEE.



Please provide any other information that you identify as being pertinent to this application
(eg medical conditions, disabilities)

Please tick one

Yes:

No:

If Yes, please give details: -

Referee's:-

Please provide details of two people who can speak on your behalf regarding your work history

Name
Position

Contact No.

Company &

Declaration

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application. I hereby agree and understand that whilst working with Xtreme Protection Group, I must adhere to all OHS, Quality and other policies and procedures set by Xtreme Protection Group and I cannot under any circumstances accept an offer made by one of Xtreme Protection Group clients nor may I approach one of Xtreme Protection Group clients regarding employment without prior consent from Xtreme Protection Group management. I also understand and agree that, if I'm found to be in Breach of these conditions the breach may result in instant dismissal from Xtreme Protection Group.

I also understand that if I provide false or misleading information, I indemnify Xtreme Protection Group against any and all legal action that may arise as a result.

I further understand that I will be paid as per Fair Work Commission Hospitality Award agreement and if in future Xtreme Protection Group has their own Enterprising Bargaining Agreement, then I will be paid in accordance with that and that I can obtain a copy of this anytime I ask for one.

Signed: _____

Date: _____



New Employee Banking Form

Employee Legal Name: _____

To ensure prompt payment of your wages directly into your bank account, we require the following information as soon as possible. Please note that wages cannot be paid until we receive this information and account details.

Name of Account Holder	
Bank Name and Address	
BSB (must be 6 digits)	___ _ _ _ _ _
Bank Account Number (As detailed on bank statement)	___ _ _ _ _ _
E-mail address for payslips	

Please fill out the following details for information in case of an emergency

Next of Kin	
Relationship	
Contact Number	

	Completed	Taken by Candidate
Taxation Form	<input type="checkbox"/>	<input type="checkbox"/>
Superannuation Choice of Fund Form	<input type="checkbox"/>	<input type="checkbox"/>

I the undersigned declare I have received all of the above forms, including the Fair Work Information Statement and the Superannuation Choice Form.

Employee Signature: _____ **Date:** ____/____/____

Employee Name: _____ **Date:** ____/____/____



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EMPLOYER SECTION

Confidential – reference checks *for office use only*

Reference name	Comments	Would re-employ?		Initial	Date
		Yes	No		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Action

Interview arranged for:

Offer of employment made

Position Offered:

Directors Signature: -



STAFF INDUCTION - ACKNOWLEDGEMENT FORM

By signing this you acknowledge that you have been provided with a copy of the Xtreme Protection Group Staff Induction Manual and that you have read, understood and agree to comply with the conditions outlined in this document whilst employed by Xtreme Protection Group.

I _____ acknowledge that I have been provided a copy of the Xtreme Protection Group Staff Induction Manual, which outlines the company's Standard Operating Procedures.

I _____ understand that by signing this document I acknowledge that I have read, understood and agree to comply with the conditions outlined in this document whilst employed by Xtreme Protection Group.

Name: _____

Signature: _____

Date: _____

Manager's Name: _____

Manager's Signature: _____

Date: _____



Company Policies - Acknowledgement Form

By signing this you acknowledge that you have been provided with a copy of the Xtreme Protection Group Company Policies and that you have read, understood and agree to comply with the conditions outlined in this document whilst employed by Xtreme Protection Group.

I _____ acknowledge that I have been provided a copy of the Xtreme Protection Group Company Policies.

Furthermore, I confirm that in signing below, I acknowledge that I have read, understood and agree to comply with the conditions outlined in this document whilst employed by Xtreme Protection Group.

Name: _____

Signature: _____

Date: _____

Manager's Name: _____

Manager's Signature: _____

Date: _____



Worker Workplace Health & Safety Policy-Acknowledgement Form

By signing this you acknowledge that you have been provided with a copy of the Xtreme Protection Group Worker Workplace Health & Safety Pack and that you have read, understood and agree to comply with the conditions outlined in this document whilst employed by Xtreme Protection Group.

I _____ acknowledge that I have been provided a copy of the Xtreme Protection Group Worker Workplace Health & Safety Pack, which outlines the company's WH&S Procedures.

I _____ understand that by signing this document I acknowledge that I have read, understood and agree to comply with the conditions outlined in this document whilst employed by Xtreme Protection Group.

Name: _____

Signature: _____

Date: _____

Manager's Name: _____

Manager's Signature: _____

Date: _____