



# MASONRY CONSTRUCTIONS

Masonry Constructions (NSW) Pty Ltd

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

Name (Surname): \_\_\_\_\_ (Given Names) \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Home No: \_\_\_\_\_

Mobile: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Do you maintain a different address other than that shown above? YES / NO

If so please give details. \_\_\_\_\_

Are you an Australian resident? YES / NO

Do you have a work visa? YES / NO

Do you have any qualifications, certificates or licences relevant to the building industry? If so please give the following details

| TYPE  | REGISTRATION NUMBER | EXPIRY DATE |
|-------|---------------------|-------------|
| _____ | _____               | _____       |
| _____ | _____               | _____       |
| _____ | _____               | _____       |

Long Service Leave No: \_\_\_\_\_

Building Industry superannuation scheme: CBUS or \_\_\_\_\_ Number: \_\_\_\_\_

Building Industry Redundancy scheme: ACIRT or \_\_\_\_\_ Number: \_\_\_\_\_

Bank Account details (payment is made direct to the bank and account number you nominate. This account must be in your name)

Bank Name: \_\_\_\_\_

Branch where account is kept: \_\_\_\_\_

BSB number: \_\_\_\_\_

Account number: \_\_\_\_\_

Please confirm these detail with you bank if unsure

Details of most recent employers:  
Most recent being number 1

1. Company Name: \_\_\_\_\_  
Work carried out by company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

2. Company Name: \_\_\_\_\_  
Work carried out by company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

3. Company Name: \_\_\_\_\_  
Work carried out by company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

4. Company Name: \_\_\_\_\_  
Work carried out by company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Details of previous worker compensation claims:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact details (Next of Kin)

Name of contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: (If the same as above just state "As above") -

Phone: \_\_\_\_\_

I acknowledge that this application is not an offer of employment. I understand that if I am successful in my application that I will be required to produce original documentation of all certificates, qualifications, licences and memberships relevant to the position. Failure to provide documents in accordance with this application or the company's employment policy will result in the instant dismissal, particularly if the information provided in or in connection with this application is false and/or misleading.

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

Return to: Masonry Constructions  
PO Box 77  
Nelson Bay NSW 2315

Or [admin@masonryconstructions.com](mailto:admin@masonryconstructions.com)