



PH: 08 9477 1888

FAX: 08 9479 7447

146 Francisco Street

Belmont W.A 6104

ABN - 79 929 823 572

ACN - 100 372 165

wabookings@eventpersonnelaustralia.com.au

sabookings@eventpersonnelaustralia.com.au

APPLICATION FOR EMPLOYMENT

STEEL CAP FOOTWEAR IS REQUIRED & IS COMPULSORY TO BE WORN AT ALL TIMES

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURES

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Employment Start Date: _____ Mobile # _____ Date of Birth: _____

Full Name: _____
First Middle Last

Current Address: _____
Number Street Suburb State Postcode

Address for End of Year: _____

Taxation Documentation Number Street Suburb State Postcode

Email address (pay slips will be sent to this address): _____

Person to be notified in an Emergency: _____
Name Contact Number Relationship

Do you have any pre-existing medical conditions / injuries (Please include details of any required medications)? _____

Do you have any current or made any past claims for Workers Compensation (if yes please detail)? **YES / NO** _____

Taxation Information

Please ensure you complete the below information **AS WELL AS** fully completing the carbon copy Tax File Declaration Form with this application.

Tax File Number (9 Digits): _____ - _____ - _____ Are you claiming the Tax Free Threshold? **YES / NO**

Are you an Australian Resident for Tax Purposes? **YES / NO** Do you have a HELP or Financial Supplement Debt? **YES / NO**

Have you previously worked for EPA? Yes / No

Banking Information

Please ensure you print **clearly** and your bank details are correct – This is NOT your card number

Name of Bank _____ Branch _____

Branch Number (BSB Number). This MUST be 6 digits: _____ - _____

Account Number. This is **NOT** your card number: _____

Superannuation

Please ensure you answer the below information **AS WELL AS** fully completing the attached Superannuation Choice Form with this application. Incomplete details, including no member will result in your contributions being deposited to a new account with MLC on your behalf.

Would you like to use our Superannuation Scheme with MLC for any Superannuation contributions you receive? **YES / NO**



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OFFICE USE ONLY:

BOSS **MYOB**

Initial.....

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by EVENT PERSONNEL AUSTRALIA PTY LTD (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of **employee handbooks, personnel manuals, benefit plans, policy statements**, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Event Personnel Australia, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Director /General Manager of the Company. Both the undersigned and MANAGER may end the employment relationship at any time, without specified notice or reason.

I authorise investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form, and your interest in our business.



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Days / Hours available to work

No Preference: _____ Mon: _____ Tues: _____ Wed: _____
 Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Are there any days / times that you cannot work? _____

When are you able to commence work? _____

Do you have a drivers licence? **YES / NO** Licence Number: _____ State of issue: _____

Type / Class of Licence: _____

Do you own a vehicle? **YES / NO**

Skills and Qualifications

Event Personnel Australia is called upon to supply general & skilled labour in many different areas. Please indicate areas in which you have had *employed* experience and include relevant licence or ticket numbers. If you possess skills you would like us to know about, please note them below or attach.

General hand <input type="checkbox"/> _____	Trade <input type="checkbox"/> _____	Scaffolder <input type="checkbox"/> _____
EWP <input type="checkbox"/> _____	Forklift <input type="checkbox"/> _____	Rigger <input type="checkbox"/> _____
Performance lights <input type="checkbox"/> _____	Performance audio <input type="checkbox"/> _____	Performance video <input type="checkbox"/> _____
Theatre crew <input type="checkbox"/> _____	Theatre mechanist <input type="checkbox"/> _____	Corporate AV <input type="checkbox"/> _____
Follow spot <input type="checkbox"/> _____	Wardrobe <input type="checkbox"/> _____	White card <input type="checkbox"/> _____
Other 1 <input type="checkbox"/> _____	Other 2 <input type="checkbox"/> _____	Other 3 <input type="checkbox"/> _____
Computers <input type="checkbox"/> _____	Macintosh <input type="checkbox"/> _____	PC <input type="checkbox"/> _____

Do you hold a current Police Clearance? **YES / NO** If no can you obtain one? **YES / NO**

Have you ever been convicted of a crime? **YES / NO**

If yes, indicate number of conviction(s), nature of offense(s) leading to conviction(s), how recently offense(s) was/were committed and any sentence(s) imposed:

Employment Application Declaration

I _____
 First Middle Last

Have read and understand the Contract for Services form and understand all the conditions stated there in and have retained a copy for my records. I agree to abide by all conditions of Event Personnel Australia, their clients and the conditions of the event sites. I have read and understand the induction and instructions as provided by Event Personnel Australia for "Correct Working Procedures" and declare I will work within all required and instructed rules and regulations including WorkSafe, State, Federal and National laws and legislations.

 SIGNED DATE CONTACT NUMBER

Person to be notified in an Emergency: _____
 Name Contact Number Relationship

**MANUAL OF HEALTH AND SAFETY POLICY AND PROCEDURES - A GUIDE FOR
AN INDUCTION PROCEDURE FOR NEW EMPLOYEES AND SUB-CONTRACTORS**

Introduction and Guidance

- 1.1 All personnel will be directed in their required tasks and to whom they will be directly responsible.
- 1.2 All personnel are encouraged to identify with the detailed Company Safety Policy and WHS Procedures. Copies are held in the Perth and Adelaide offices as well as major venues including Perth Arena and Adelaide Entertainment Centre. Please be aware of its purpose make sure you know what your individual responsibilities are. This can be provided to you at any time as requested.
- 1.3 If you or any person have any disability or illness which could prevent you from carrying out certain operations safely or require additional protective measures you must inform your supervisor.
- 1.4 Personnel to be made aware of where all high risks areas of operations on site or in the workplace are.
- 1.5 All personnel are briefed regarding prohibited actions on site, or in the workplace, e.g. entering specific areas without safety helmets, operating plant unless authorised etc. are.
- 1.6 Any person under the age of 18 years is not permitted to operate any mechanically propelled plant, including forklifts, hoists, etc. give signals to crane drivers etc
- 1.7 All personnel to identify your work activities which require protective clothing or equipment necessary, e.g., safety helmet, safety vests, safety glasses, ear muffs, etc. and make sure they are worn at all times.
- 1.8 Personnel will be made aware of the location of the First Aid Box and First Aid Officer and the procedure in the event of an accident, in particular, the necessity to record all accidents, however minimal it may appear at the time.
- 1.9 Ensure you are aware of the fire and emergency evacuation procedure, the location and emergency evacuation procedure, the location of fire protection equipment and designated assembly points.
- 1.10 Ensure that you have been given the safety induction for the site and you are correctly signed in to ensure accountability in the case of an evacuation.
- 1.11 Under no circumstances will Sexual Harassment be tolerated. All cases will be forward to the appropriate authorities.
- 1.12 If you have any concerns, including safety issues or grievances you should always report it to your Crew Boss, the Safety Officer or alternatively contact the office to arrange a private meeting. All conversations are held in confidence.
- 1.13 Ensure correct lifting procedures are used at all times. Bend knees equally spread apart in line with shoulders, keep back straight, use both hands to balance weight. Ensure adequate people are utilised to move larger loads.
- 1.14 Suitable ramp and tail lift as applicable.
- 1.15 Only one layer height of cases and suitable weight load to be used at all times on tail lift.
- 1.16 Use lift team or mechanical assistance for loads over 32kg.
- 1.17 Forklift to be used where appropriate for lifting.
- 1.18 Ratchet straps and load bars used to secure loads within vehicles.
- 1.19 Ensure doors of vehicles are opened carefully and personnel are not within the immediate vicinity.
- 1.20 Only staff with relevant licences to operate forklifts / EWP's and any tools and equipment as required for task completion.
- 1.21 Ensure only WorkSafe, currently and correctly maintained equipment is utilised.
- 1.22 Ensure correct PPE is worn at all times (steel cap boots, safety gloves, harnesses, hi-vis vests, hard hats, hearing and eye protection)



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INDUCTION AND INSTRUCTIONS FOR ALL STAGEHANDS

****REMEMBER NO STEEL CAPS SHOES MEANS NO WORK****

WHITE CARD MEANS MORE WORK

CONDITIONS OF EMPLOYMENT BY EVENT PERSONNEL AUSTRALIA P/L

YOU MUST SIGN IN AT LEAST 30 MINUTES BEFORE YOUR CALL STARTS UNLESS OTHERWISE ADVISED

- *You must report to the supervisor on arrival and at the end of your shift
- *If you do the load in then you are generally required to do the load out unless you have told your crew boss and or made other arrangements e.g. you have a replacement. You will receive confirmation by text.
- *You must be on time for your call. If you are late you will be replaced. You must call if you are running late, notifying the person who booked you or the Crew Chief.
- *You must comply with all directions (as deemed safe – any queries can be directed to your Crew Chief or the Safety Officer) given by Tour Managers, Security, Production Managers, and your Supervisor ****no attitudes****
- *No tickets or passes will be given for partners, family or friends. No exceptions so don't ask.
- *Safety equipment must be used when required (steel cap boots are mandatory at all times ((unless climbing riggers))). If weather predicts rain bring wet weather gear and warm clothes for long load outs.
- *Absolutely no alcohol or drugs are to be consumed before or during work. If you're caught using drugs, consuming alcohol or under the influence, there will not be a warning you will be removed from the site. Any accidents or incidents that may occur will not be covered under insurance and you will therefore be personally liable for any medical expenses or damages.
- *Pay weeks run Saturday to Friday and will be remitted via electronic transfer, the Wednesday after the Friday end of week.
- *No advances will be given.
- *If you are asked to perform duties in which you feel you are inadequately trained, you must advise your supervisor so you can be instructed on how to carry out the task in a correct and safe manner or reassigned to different tasks.
- *All safety issues must be reported to your supervisor. A first aid kit is available in the sign-in room on all major events and in most cases a designated Safety Officer will be present. Injuries must be reported immediately.
- *Stealing will result in instant dismissal and police will be advised.
- *Appropriate PPE must be worn at all times, including steel cap boots, hi-vis vests, hard hats, safety gloves, hearing and eye protection and harnesses.
- *When lifting, carry out the correct procedure (Bend knees equally spread apart in line with shoulders, keep back straight, use both hands to balance weight. Adequate people to move larger loads)
- *Always check the weight of road cases and equipment, utilising sufficient staff and or equipment.
- *Never push cases up or down ramps alone
- *Present yourself in an appropriate manner at all times
- *No faded or torn clothing, EPA logo or event shirts to be worn as requested



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PLEASE RETAIN FOR YOUR RECORD
Contract for services

We are pleased to confirm our arrangement with you whereby you will provide employment services to clients of the agency("clients"), on a contract basis, from time to time when mutually agreed, through this agency commencing from the date of this agreement. We set out below details of the contract.

- I am an Australian resident and/or hold a visa permitting me to work.
- I hereby apply to work as a casual, temporary or contract employee and agree to be employed on an hourly, casual, part time or weekly basis, depending on assignments offered and my availability.
- While providing services to our clients you will be working solely under direction of the client. The length of any particular assignment and hours to be worked may be varied at the client's discretion. I agree as a casual I may be taken off an assignment at any time.
- Payments for services provided will be on an hourly basis at the current rates in line with the Live Performance Award. There will be no payment for or accrual leave, long service leave, sick leave or public holidays.
- PAY PERIODS: Saturday 00:01am to Friday 23.59pm. I.e: so if you worked on Saturday, you will not be paid on the coming Wednesday but the following Wednesday, as your shift was at the start of the new pay week. PAY DAY: Pay SHOULD be in your bank account by WEDNESDAY (THURSDAY AFTER A MONDAY PUBLIC HOLIDAY)
Except for major concerts and festivals, such as Big Day Out. Please be aware that these events take additional time to process and so your pay may not be in your account until the Thursday. PAY QUERIES – Day To Call Regarding Your Pay – WEDNESDAY 10AM – 3PM **Remember to check your account BEFORE you call the office**
- This arrangement may be terminated by either party, at anytime.
- While providing contract services to this agency, the agency will maintain the equivalent of statutory workers' compensation insurance cover for you.
- Confidentiality shall be maintained by you both during the currency of this arrangement and thereafter over any information obtained concerning the business of this agency, its associated entities and any clients of the agency.
- This contract for services is not an exclusive arrangement and you are at liberty to seek work from other agencies that are NOT in direct competition with EPA. This agency is under no obligation to supply or make referrals to clients of the agency of any given amount or at all.
- The agency acknowledges that you may be referred to by a specific job title solely for the purpose of establishing an hourly rate structure.
- It is confirmed that you authorized this agency to pass on your career details to any potential client the agency deems suitable for the purposes of establishing your ability to provide the services required by our client.
- If and when you undertake direct work with our client where we have provided the introduction to that client there will be fee of \$600.00 charged to you for that introduction.
- I understand if I am asked to perform a task in which I have no training in or experience in, I will advise my supervisor or crew boss and ensure that I understand how to perform the task in a safe and correct manner.
- It is confirmed that while the company attempts to advise you regarding the work to be undertaken it is not always practical to foresee all the different types of productions and equipment to be used. You must advise your supervisor or crew boss if you have any concerns in your ability to carry out a task

Section A: Employee to complete

1 Choice of superannuation (super) fund

I request that all my future super contributions be paid to: (place an in one of the boxes below)

The APRA fund or retirement savings account (RSA) I nominate Complete items 2, 3 and 5

The self-managed super fund (SMSF) I nominate Complete items 2, 4 and 5

The super fund nominated by my employer (in section B) Complete items 2 and 5

2 Your details

Name

Employee identification number (if applicable)

Tax file number (TFN)

! You do not have to quote your TFN but if you do not provide it, your contributions may be taxed at a higher rate. Your TFN also helps you keep track of your super and allows you to make personal contributions to your fund.

3 Nominating your APRA fund or RSA

You will need current details from your APRA regulated fund or RSA to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town State/territory Postcode

Fund phone

Unique superannuation identifier (USI)

Your account name (if applicable)

Your member number (if applicable)

Required documentation

You need to attach a letter from your fund stating that they are a complying fund and that they will accept contributions from your employer. Current information about your super fund is needed for your employer to pay super contributions.

4 Nominating your self managed super fund (SMSF)

You will need current details from your SMSF trustee to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town State/territory Postcode

Fund phone

Fund electronic service address (ESA)

Fund bank account
BSB code (please include all six numbers) Account number

Required documentation

You need to attach a document confirming the SMSF is an ATO regulated super fund. You can locate and print a copy of the compliance status for your SMSF by searching using the ABN or fund name in the Super Fund Lookup service at <http://superfundlookup.gov.au/>

If you are the trustee, or a director of the corporate trustee you can confirm that your SMSF will accept contributions from your employer by making the following declaration (place an 'X' in the box below):

I am the trustee, or a director of the corporate trustee of the SMSF and I declare that the SMSF will accept contributions from my employer.

If you are not the trustee, or a director of the corporate trustee of the SMSF, then you must attach a letter from the trustee confirming that the fund will accept contributions from your employer.

Signature and date

If you have nominated your own fund in Item 3 or 4, check that you have attached the required documentation and then place an 'X' in the box below.

I have attached the relevant documentation.

Signature

Date
Day / Month / Year
 / /

Return the completed form to your employer as soon as possible.

Section B: Employer to complete

You must complete this section before giving the form to an employee who is eligible to choose the super fund into which you pay their super contributions.

! Sign and date the form when you give it to your employee.

6 Your details

Business name

ABN

Signature

Date

Day / Month / Year
 / /

7 Your nominated super fund

If the employee does not choose their own super fund, you are required to pay super contributions on their behalf to the fund that you have nominated below:

Super fund name

Unique superannuation identifier (USI)

Phone (for the product disclosure statement for this fund)

Super fund website address

Section C: Employer to complete

! Complete this section when your employee returns the form to you with section A completed.

8 Record of choice acceptance

In the two months after you receive the form from your employee you can make super contributions to either the fund you nominated or the fund the employee nominated. After the two-month period you must make payments to the fund chosen by the employee.

! If you don't meet your obligations, including paying your employee superannuation contributions to the correct fund, you may face penalties.

Date employee's choice is received / /

Date you act on your employee's choice / /

! Employers must keep the completed form for their own record for five years. **Do not send it to the Australian Taxation Office, the employer's nominated fund or the employee's nominated fund.**

PRIVACY STATEMENT

The ATO does not collect this information; we provide this form as a means for employees to identify and provide necessary information to their employer. An employer is authorised to collect an employee's TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence for an employee not to quote their TFN. However, quoting a TFN reduces the risk of administrative errors and if the employee does not quote their TFN their contributions may be taxed at a higher rate. An employee can get more details regarding their privacy rights by contacting their superannuation fund.