



## Employer Information registration form

### Company / Contact details

Full Name: \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_

Company name \_\_\_\_\_ ABN \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Postcode* \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Facsimilie: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Industry type \_\_\_\_\_

### Vacancy details

Job title \_\_\_\_\_ Number of positions available \_\_\_\_\_

Job description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Job requirements

Skills, qualifications, experience, etc \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Commencement date \_\_\_\_\_  Apprenticeship \_\_\_\_\_  Traineeship \_\_\_\_\_

### Wage details

Hours per week \_\_\_\_\_ Hourly rate \$ \_\_\_\_\_

Wages paid  Weekly  Fortnightly  Monthly

Shift details: Start details \_\_\_\_\_ am/pm \_\_\_\_\_ Finish time \_\_\_\_\_ am/pm

Days of work  Mon  Tue  Wed  Thu  Fri  Sat  Sun

Own transport required  Yes  No

Shifts  Afternoon-shift  Night-shift  Day-shift  Rotating

Licenses required  Car  Forklift  MR  HR  HC  MC  R

**After completing this form, please fax to Independent Institute on 08 8389 3357**

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