



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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