



Employee or Contractor Details Forms Part A

Employee Details Form *(Employee to Complete Part A & C)*

First Name: _____

Last Name: _____

Start Date: ____ / ____ / ____

Position Title: _____

Date of Birth: ____ / ____ / ____

Do you identify yourself aboriginal / islander / other? _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email Address: _____

Employee Tax File:

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Portable Long Service

QLLeave No: _____

NSW Long Service No: _____

Drivers Licence

Drivers Licence No: _____ Expiry Date: _____

(Copy of Driver's Licence to be attached)

Quantitative Face Fit Testing using OSHA 1910.134

Respirator Fit Testing Certificate No: _____

Mask Type: _____ Expiry Date: _____

(Copy of Certificate to be attached)

Construction White Card

White Card No: _____ Date: _____

(Copy of White Card to be attached)

Other Licenses/Tickets

Licence/Ticket No: _____ Type: _____

All supporting documentation must be supplied prior to commencement on site. If any information supplied is found to be incorrect or misleading or is not satisfactory, the employee's employment may be terminated

ALWAYS REMEMBER "If It's not safe DON'T do it"

Bank Details

Bank: Name: _____ Branch: _____

Account Name: _____

BSB: - Account Number

In Case of Emergency

Next of Kin: _____

Relationship: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Mobile Phone: _____ Email: _____

All employees are to also complete attached forms and supply copies of requested information and return with completed form before you can commence on site.

- Tax File Number Declaration (Attached)
- Choice of Superannuation Form
- Copy of Drivers Licence
- Copy of General Construction White Card
- Copy of Respirator Fit Testing Certificate
- Employees to read Fair Work Information Statement (Attached)
- A Contract of Employment will be available shortly after commencing. Once received the employee is to sign acknowledgement and return the last page within 2 days of receiving contract.

***Blueline Commercial processes wages on a weekly basis. To ensure you are included in the weekly wage payment run, all timesheets must be emailed to accounts@bluelinecommercial.com.au by 6.00am every Monday morning.
Payment is not guaranteed if your timesheet is received after this time.***

Part B
Contractors Details Form (Contractor to Complete Part B & C)

Business Name: _____ Please Circle: Company / Trust

Type of work to be performed Please Circle: Carpentry / Framing / Sheeting / Setting / Prepaint

ABN: _____ Company/ACN: _____

First Name: _____ Last Name: _____

Address: _____

Mobile Number: _____ Email: _____

Are you registered for GST? Y / N

Do you employ staff? Y / N

Insurance Details

Public Liability Insurance - minimum \$10,000,000

Insurance Company: _____

Policy No: _____ Expiry Date: _____

(Certificate of Currency must be attached to paperwork)

Workers Compensation Policy or Personal Income Protection Policy

Insurance Company: _____

Policy Type: _____

Expiry Date: _____

(Certificate of Currency must be attached to paperwork)

Quantitative Face Fit Testing using OSHA 1910.134

Respirator Fit Testing Certificate No: _____

Mask Type: _____ Expiry Date: _____

(Copy of Certificate to be attached)

Construction White Card

White Card No: _____ Date: _____

(Copy of White Card to be attached)

Other Licences/Tickets

Licence/Ticket No: _____ Type: _____

(Copy of any other licence/tickets to be attached)

All supporting documentation must be supplied prior to commencement on site. If any information supplied is found to be incorrect or misleading or is not satisfactory, the employee's employment may be terminated

Bank Details

Bank: Name: _____ Branch: _____

Account Name: _____

BSB: - Account Number

In Case of Emergency

Next of Kin: _____

Relationship: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Mobile Phone: _____ Email: _____

All contractors are to supply copies of the following and return with the completed form before you can commence on site.

- Copy of Certificate of Currency – Public Liability Insurance Policy
- Copy of Certificate of Currency – Either Workcover or Personal Income Protection Insurance Policy
- Copy of Drivers Licence
- Copy of General Construction White Card
- Copy of Respirator Fit Testing Certificate

Blueline Commercial processes contractor invoices on a weekly basis. To ensure you are included in the weekly payment run, all invoices must be emailed to accounts@bluelinecommercial.com.au by 6.00am every Monday morning.

Payment is not guaranteed if invoices are received after this time.

Part C

For both Employee and Contractor

Personal Protective Equipment

All personal protective equipment (PPE) supplied by the Company must be utilized at all times.

Blueline Commercial will provide employees and contractors with hi-vis shirts that must be worn on site.

Confirm shirt size: _____

It is a safety requirement for all Blueline employees and contractors to wear steel cap boots and hard hats.

Confirm that you have a pair of steel cap boots and will wear while on site. Y / N

Confirm that you have a hard hat and will wear it while on site. Y / N

Hard hat purchased: _____ (Note: Must meet Australian Standards)

Are you an Australian citizen? Y / N

If no,

- Are you a permanent resident? Y / N
- Do you have a Working Visa? Expiry date: ____/____/____ What type? _____
- Restrictions? _____

History:

Have you had any previous injuries? Y / N

If yes, please list (this may or may not impact on your employment at Blueline Commercial)

May or could these injuries impact on the type of work that may be undertake by you while working at Blueline Commercial? Y / N

If yes, please state what and why (this may or may not impact on your employment at Blueline Commercial)

Is there any other reasons that may impact on your work while at Blueline Commercial?

(eg. Driving Restrictions) Y / N

If yes, please state what and why (this may or may not impact on your employment at Blueline Commercial)

Invoices/Timesheets

Your invoice and/or timesheet must at a minimum clearly specify the job address, the work performed and any relevant information that will assist in tracking the cost of labour at each site, broken down into units.

Example given for Contract & Hourly

Monday

Site: (Project & Site Address) eg. Dawn – Ross St, Ashmore
 Level/Unit: eg. Level 2 Unit 4014 G
 Activity: (Job performed) eg. Set out & Contract Framing
 Start time: eg. 6:30
 Finish time: eg. 2:30
 Hours: Hourly Work eg. 2hrs - setout (Level 2 4014 G)
 % Claim eg. 50%
 Blank Column: (Contract Price) eg. \$400 or TBC (if price has not been given to you)

Example given for Hourly

Tuesday

Site: (Job Name & Suburb) eg. Sea Apartments – Seventh Ave, Palm Beach
 Level/Unit: eg. Level 3 Units 301 & 302
 Activity: (Job performed) eg. Prepaint
 Start time: eg. 6:30
 Finish time: eg. 2:30
 Hours: Hourly Work eg. 8hrs
 % Claim eg. N/A or leave blank
 Blank Column: (Contract Price) eg. N/A or leave blank



Weekly time record

Always remember "If Its NOT safe, **DON'T** do it."

Employee: _____

Week ending: _____

	Project & Site Address	Level / Unit	Job Performed	Start time	Finish Tme	Hourly Work	% Claim	Contract Price
Monday / /19	Dawn - Ross St, Ashmore	2/4014 G 2/4014 G	Unit Set out (2 hrs) Contract Unit Framing	6:30	2:30	2	50%	400
Tuesday / /19	Sea - 7th Ave, Palm Beach	301 -302	Prepaint Units (4hrs each)	6:30	2:30	8		
Wednesday / /19								
Thursday / /19								
Friday / /19								
Saturday / /19								
Sunday / /19								

Employee/Contractor Declaration

I confirm that the information I have given is true and correct at the time of commencement with Blueline Commercial.

Employee/Contractor's Signature: _____ Date: ____/____/____

Director's Signature: _____ Date: ____/____/____