



**AA FACILITY MANAGEMENT
PTY LTD**

ABN: 29 675 883 897

Level 2, Kings Court, 8-12 King Street, Rockdale, NSW, 2216

office@aafacility.com.au

0272579752

EMPLOYMENT APPLICATION FORM

PERSONAL INFORMATION

Details	Information
Full Name	_____
Date of Birth	_____
Residential Address	_____ _____
Mobile Number	_____
Email Address	_____
Identification Type	_____
Identification Number	_____
ABN (if applicable)	_____
TFN	_____

EMPLOYMENT ELIGIBILITY

Are you legally eligible to work in Australia?

Yes No

Are you an Australian Citizen?

Yes No



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If no, please provide your Visa Subclass:

Do you hold a valid Security Licence?

Yes No N/A

Security Licence Details

Information

Licence Number

Expiry Date

(Please attach a copy of your security licence)

BANKING DETAILS

(For Payroll Purposes)

Banking Information Details

Bank Name

Account Name

BSB Number

Account Number

SUPERANNUATION DETAILS

Do you have a preferred Superannuation Fund?

Yes No

If yes, please provide the following:



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Fund Name _____

Member Number _____

USI (Unique Superannuation Identifier) _____

If No, you will be enrolled in the company's default Superannuation Fund.

(Attach 100 points of IDs with this form)

Checklist of 100 points of ID is given below:

Australian/Internation Passport with Visa	70 Points
Driver Licence	40 Points
Proof of Age Card / Photo Card	40 Points
Medicare Card	25 Points
Utility Bill (Electricity, Gas, Water, Internet)	25 Points