

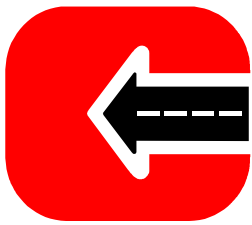
Welcome to Carrington's Group!

Please complete all the steps to the best of your knowledge and return to Carrington's Management staff for processing.

Name of Applicant: _____

Onboarding Officer (operations) to Check ALL information is correct before handover to Payroll!

The application form was received & checked	YES / NO
Signed contract	YES / NO
Induction form Signed	YES / NO
Australian Citizen	YES / NO
Proof of nationality	Passport / Birth Cert
Visa document attached <i>"If a non-AUS or NZ passport is presented"</i>	YES
Tax File Declaration Form fully completed <i>(within Application pack)</i>	YES / NO
Super details Form fully Completed <i>(within the Application pack)</i>	YES / NO
USI Number received <i>(within the Application pack)</i>	YES / NO
PPE: Form completed <i>(not issued until the start of the first shift)</i>	Issued / Not Issued
All Tickets are photographed and added to Traffio for the named applicant.	YES / NO
Added to Traffio	YES / NO



CARRINGTONS TRAFFIC SERVICES

ABN: 15 104 744 103

Head Office: 38 Beaconsfield Avenue, Midvale WA 6056
Tel: (08) 9356 7750 Fax: (08) 9356 7751
www.carringtonswa.com

Important Information for Applicants:

Please read this form before you commence your employment application for a position with Carrington's (WA) Pty Ltd.

The information you provide within this employment application form will be used to assess your suitability for employment with Carrington's (WA) Pty Ltd.

When completing this employment application form, it is important that:

- You answer **all** sections accurately and provide detailed information to the best of your knowledge and ability.
- Answer **all** sections.
- Attach copies of any relevant additional information you believe will apply to your employment application.
- Attach copies of current traffic management accreditation and other competencies information you believe will apply to your employment application.
- Attach a copy of your resume.

Completing this application for employment does **not** constitute an 'offer of employment' by Carrington's (WA) Pty Ltd.

Confidentiality Statement:

All information provided will be treated in the strictest confidence and used by Carrington's (WA) Pty Ltd personnel only to assess your employment application.

Your personal information will not be disclosed to any party external to Carrington's (WA) Pty Ltd for any reason other than medical assessment practitioners should they require such information to conduct a medical review.

If you are successful in obtaining employment with Carrington's (WA) Pty Ltd, the company may have a future obligation to provide information contained within your employment application to certain agencies as requested, which may include:

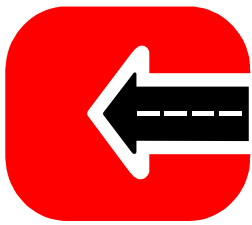
- Officers of the State Government of Western Australia.
- Insurance Agencies.
- Legal agencies/people such as lawyers.
- Our clients (*to verify traffic management accreditations & site inductions only*).

In all instances, where the release of information is a breach of the 'right to privacy' or 'freedom of information' laws, Carrington's Traffic Services will seek your approval to release information when requested to do so by external parties.

In proceeding with this application, you acknowledge the conditions of confidentiality and accept these conditions without limitation.

Position applying for within Carrington's (WA) Pty Ltd:

Traffic Management Implementer & Traffic Controller	<input type="checkbox"/>
Crew Leader	<input type="checkbox"/>
Other (<i>Please Specify</i>)	<input type="checkbox"/>



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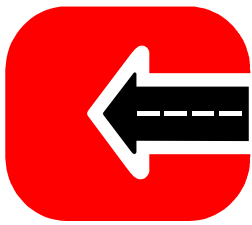
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Applicant information:

First Name				Last Name		
Gender <i>(Underline correct answer).</i>	Male	Female	Other	Prefer not to say		
Date of Birth				Age		
Address						
Suburb				Postcode		
Your Mobile Number						
Your Email Address						
Emergency Contact Name		Mobile Number		Relationship To You.		

Driver's License Details:

Driver's License Number:			
Please detail the class of vehicle you are authorized to drive.			
License Expiry Date.			
Type of vehicle authorized to drive	Manual <input type="checkbox"/>	Auto <input type="checkbox"/>	
Is your driver's license suspended at the time of making this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you had your driver's license canceled, or suspended in the last 5 years for any reason?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you committed any driving offenses or had any accidents in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you been refused insurance coverage, had insurance coverage Cancelled, or any special conditions imposed on insurance coverage in the last 5 years for any reason?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you claimed for a motor vehicle accident or associated property damage in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you had a car stolen or burnt out in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please specify offenses/accidents <i>(write NA if not applicable)</i> .			
Date of Incident	Details of each Incident	Your Insurer	Person at Fault
<i>E.G. Feb 2007</i>	<i>Speeding: 80 km/h in a 60 km/h zone, lost 3 points.</i>	-	<i>Self</i>



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Traffic Management Accreditation:

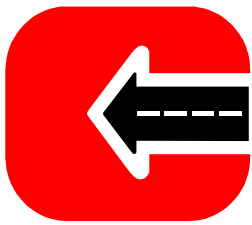
Do you currently hold a valid traffic management accreditation? If No , please discuss it with the Onboarding Officer.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ticket Type	Accreditation Number	Date Obtained	Expiry Date
BWTM			
TC			
AWTM/WTM			
TMA-O			
WHITE CARD			NO EXPIRY

Bank Details:

NOTE: It is your responsibility as the applicant to supply the correct banking information below, any errors with incorrect banking information provided by you, the applicant of this form will result in the loss of any monies paid into an incorrect bank account.

It is the responsibility of the applicant to maintain current superannuation and banking details during the term of employment.

Bank:	
Branch:	
BSB Number:	
Account Number:	



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Medical History

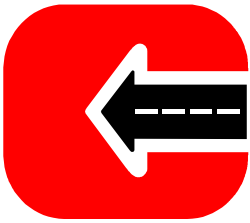
Please answer the following questions:

1. Do you have any disabilities/restrictions at all that you are aware of?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever or do you currently have a back injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you ever, or do you currently have a neck/shoulder/wrist/knee sprain or strain?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you ever, or are you currently experiencing chest or heart disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you ever, or do you currently have broken bones?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you ever, or are you currently experiencing an infection of the nose, throat, or ear?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do you have diabetes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Do you have asthma or similar respiratory conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Have you ever, or are you currently experiencing skin conditions such as dermatitis, psoriasis, or similar conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Do you have an eyesight deficiency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Do you have a bone disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Do you have any history of Hepatitis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Have you ever, or are you currently experiencing a hernia or joint problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Have you ever, or are you currently experiencing any disability or impairment that may affect your ability to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Are you currently taking any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Are you a smoker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Are you currently undergoing any treatments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Do you have any other conditions, illnesses, or injuries that may be relevant in assessing your ability to perform specified work duties or limit your abilities to perform specified work duties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please list any additional information to assist in determining your suitability for employment, if you answered yes to any of the above questions.

<u>NUMBER</u>	
<u>NUMBER</u>	
<u>NUMBER</u>	
<u>NUMBER</u>	
<u>NUMBER</u>	

20. Have you ever had any significant injuries that could affect the position applying for as stated on page 2 of this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Medical History Continued...

Please list additional information if you answered **Yes** to question 21.

(1)

Date of Injury		Were you absent from work and if so, how long? (average days)	
Were you cleared to return to work by a medical practitioner? If Yes, please provide a copy of the return-to-work notice.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Fitness For Work:

Carringtons (WA) Pty Ltd requires that you are medically fit to perform work duties as required by the company during your term of employment.

If an offer of employment is made to you, do you agree to undergo a full medical assessment by a licensed medical practitioner nominated by Carringtons (WA) Pty Ltd, at the company's expense?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you agree to undergo additional medical assessments during your employment at Carringtons (WA) Pty Ltd, as directed by the company or its clients?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Drug & Alcohol:

Carrington's (WA) Pty Ltd has zero tolerance for the use of illegal drugs and/or alcohol within the workplace, including being under the influence of illegal drugs and/or alcohol within the workplace whilst performing work duties.

If an offer of employment is made to you, do you agree to undergo a pre-employment drug and alcohol screen at the company's expense?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you willingly participate in random drug and alcohol testing whilst employed by Carringtons (WA) Pty Ltd, including testing by our clients when performing work duties at a work site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Criminal History:

Carringtons (WA) Pty Ltd must inform clients about an employee's criminal history if requested. Whilst any information that may be requested does not necessarily preclude you from receiving an offer of employment, it may be used in assessing your suitability for an offer of employment or suitability for specific projects undertaken by Carringtons (WA) Pty Ltd which you may be engaged in.

Please give brief criminal history information (*Previous 3 years*).

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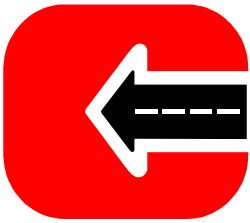
PPE Requirements:

Carringtons (WA) Pty Ltd has a policy for minimum requirements and wearing PPE at the work site and you shall always abide by the Client's site-specific requirements as requested.

Are you prepared to wear PPE to meet the minimum requirements for Carringtons (WA) Pty Ltd?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you prepared to wear PPE to meet the site-specific requirements for Carringtons (WA) Pty Ltd Clients?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Carringtons (WA) Pty Ltd will provide financial assistance in meeting the minimum PPE requirements.

Are you prepared to pay a \$100 PPE bond, this will be deducted from your first pay, to cover initial expenses for minimum PPE requirements. Please note, this will be fully refunded to you when you have worked with Carringtons (WA) Pty Ltd for 3 months continuously.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Work Conditions / Hours of Work:

Your employment with Carrington's (WA) Pty Ltd will include varying hours of work between Monday to Sunday and you may be rostered to work at any time of the day.

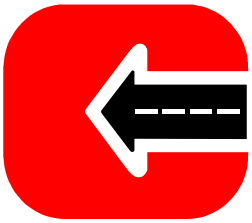
Whilst employed at Carrington's (WA) Pty Ltd, there will be occasions when you may be engaged to work weekends or night shifts.

Are you available to work night shifts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work weekends, at least 1 in every 2 weekends during peak business periods? (if required)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work on weekdays?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work five days a week?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work in regional areas where you will be required to stay in accommodation other than your place of residence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work for prolonged periods in regional areas where you will be required to stay in accommodation other than your place of residence, for long-term periods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work on a rotational roster system such as 2 weeks on / 1 week off roster, or similar rosters?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any restrictions on your availability to Carringtons (WA) Pty Ltd?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please detail additional information if you answered **No** to availability restrictions:

Employment History (Last 5 Years):

Company Name			
Position			
Employed From Date		Employed To Date	
Referee		Contact Number	
Work Duties and Responsibilities			
Reason for Leaving			



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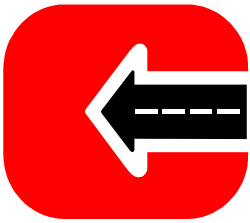
Employment History Continued...

(2)

Company Name			
Position			
Employed From Date		Employed To Date	
Referee		Contact Number	
Work Duties and Responsibilities			
Reason for Leaving			

(3)

Company Name			
Position			
Employed From Date		Employed To Date	
Referee		Contact Number	
Work Duties and Responsibilities			
Reason for Leaving			



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Consent Authority:

To manage any workers' compensation claim made against Carrington's (WA) Pty Ltd, I authorize Carrington's (WA) Pty Ltd, their worker's compensation insurer, and their insurance broker (EBM Insurance & Risk), to collect and disclose, between the three entities, any relevant medical and other sensitive information (such as financial information, which may include copies of my pay slips) and documents about my injury/illness that is the subject of the claim.

This consent extends to Carrington's (WA) Pty Ltd and their insurers disclosing my personal information, inclusive of sensitive information, to other insurers, medical practitioners, rehabilitation providers, investigators, legal practitioners, and other experts or consultants to assess and manage my current or subsequent claim.

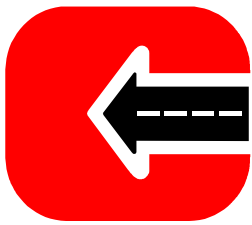
My personal information, inclusive of sensitive information, may also be disclosed as required or permitted by law. I also consent to Carrington's (WA) Pty Ltd and their insurers disclosing my details to Work Cover WA, which is authorized to use this information to fulfill its functions and obligations under the *Workers' Compensation and Rehabilitation Act 1981* (WA).

I certify that all this information is true to the best of my knowledge. I have read all the information in this application pack CTS-FRM-051 REV 05 Application Form and have fully understood all the company's terms and conditions of employment. I understand that if I have falsified any work details or medical details, my employment with Carrington's (WA) Pty Ltd will be terminated effective immediately. I will comply with all the company/client policies and relevant safe work practices and observe the requirements of the relevant Occupational Health and Safety Act and Regulations.

Carrington's (WA) Pty Ltd collects personal information through this application process to enable it to select and recruit staff. Carrington's (WA) Pty Ltd and its advisors and any person engaged by them to assist in selection and recruitment may use and disclose your information for selection and recruitment purposes. This may include contacting any referee nominated by you.

Please note that, if your application with Carrington's (WA) Pty Ltd is successful, the personal information that Carrington's (WA) Pty Ltd holds about you, which relates to your selection, recruitment, and employment by Carrington's (WA) Pty Ltd will become an employee record under the Privacy Act (1988). This means that Carrington's (WA) Pty Ltd will generally be exempt from the requirements of the Privacy Act in respect of that information. Other statutory obligations may apply.

Full Name of Applicant (APPLICANT)	
Signature of Applicant (APPLICANT)	
Date of application completed (APPLICANT)	



Tax Declaration:



Australian Government
Australian Taxation Office

Tax file number declaration

This declaration is NOT an application for a tax file number.
Use a black or blue pen and print clearly in BLOCK LETTERS.
Print X in the appropriate boxes.
Read all the instructions including the privacy statement before you complete this declaration.

ato.gov.au

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.
OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.
OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr Mrs Miss Ms

Surname or family name
First given name
Other given names

3 If you have changed your name since you last dealt with the ATO, provide your previous family name.

Day Month Year

4 What is your date of birth?

Day Month Year

5 What is your home address in Australia?

Suburb/town/locality
State/territory Postcode

6 On what basis are you paid? (Select only one.)
Full-time employment Part-time employment Labour hire Superannuation or annuity income stream Casual employment

7 Are you an Australian resident for tax purposes? (Visit ato.gov.au/residency to check) Yes No

8 Do you want to claim the tax-free threshold from this payer?
Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.
Answer no here and at question 10 if you are a foreign resident, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

9 Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you?
Complete a Withholding declaration (NAT 3093), but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, see page 3 of the instructions.

10 Do you want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you?
Complete a Withholding declaration (NAT 3093).

11 (a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?
Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.
(b) Do you have a Financial Supplement debt?
Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.

DECLARATION by payee: I declare that the information I have given is true and correct.

Signature
Date Day Month Year
You MUST SIGN here
There are penalties for deliberately making a false or misleading statement.

Once section A is completed and signed, give it to your payer to complete section B.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number? Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes No

3 What is your legal name or registered business name (or your individual name if not in business)?

4 What is your business address?
Suburb/town/locality
State/territory Postcode

5 Who is your contact person?
Business phone number

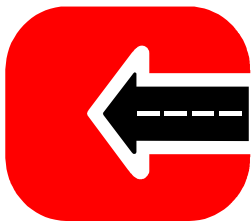
6 If you no longer make payments to this payee, print X in this box.

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature of payer
Date Day Month Year


Return the completed original ATO copy to:
Australian Taxation Office
PO Box 9004
PENRITH NSW 2740

IMPORTANT
See next page for:
payer obligations
lodging online.



Superannuation:

For employers and employees



Superannuation standard choice form

Use this form to choose the super fund your employer will pay your super into. Your choice of super fund is an important decision for your future.

If you don't complete this form, your employer can pay your super into your existing fund identified by the ATO. If you don't have one, your employer can pay into a new account in their default super fund. You can find more information on **page 5**.

How to complete online

Save time: use the online form




Use the online form in myGov to choose your super fund. Your super account details will automatically be filled in for you.

- 1 Sign into *myGov* and select ATO in your services
- 2 In the menu select *Employment*, and then *New employment*. You'll need your employer's information on **page 3** to complete this form.
- 3 Select your preferred fund and give a copy to your employer.

Information

For employees

Additional information about super is located at the end of this form. You can also visit ato.gov.au/individuals/super

For employers

Use the form to offer employees their choice of super fund. You must fill in the details of your nominated super fund, also known as your default fund, on **page 3** before giving the form to an employee.

For more information on super, offering an employee a choice of fund or paying super contributions, visit ato.gov.au/employersuper

Section A Your details

Full name

Employee number (if known)

Tax file number (TFN)

i You don't have to provide your TFN but if you don't, there may be consequences such as your contributions being taxed at a higher rate. See **page 5** for more information.

I choose for my super to be paid into
Select one of the options below and complete relevant section.

My existing super fund → **Section B**

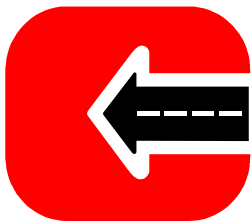
I want my employer to pay into a super account I have already opened.

My employer's default super fund → **Section C**

I want my employer to open a new account for me in their default fund.

My private self-managed super fund (SMSF) → **Section D**

I am a member and a trustee responsible for managing the fund. I may have up to 6 members in the fund.



Superannuation Continued...

Section B My existing super fund

Super fund details

i You can find your super fund details by:

- logging into your super fund member portal or online account
- contacting your super fund directly
- through ATO online services via myGov or the ATO app.

Super fund name

Super fund Australian business number (ABN)

Unique superannuation identifier (USI)

i The USI is used to identify different super funds and specific super fund products. It is different to your member account number. You can find your USI on your super fund's website or by contacting your super fund directly.

Your member account number

i You can find your member account number on your member account statement, by logging into your super fund account, contacting your super fund directly or through ATO online services via myGov or the ATO app.

Your name as it appears on your account

i This must match the name shown on your super account. This may be your current name, or a previous name.

Required documentation

You need to **attach a letter of compliance of your chosen super fund** to confirm it is a complying fund and can accept contributions from your employer.

For most super funds you can find their letter of compliance on their website. For other funds, you will need to contact them for this information.

I have attached a letter of compliance from my super fund

Declaration

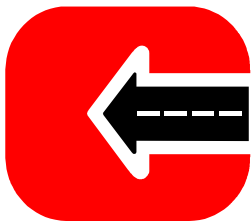
I hereby declare that the information I have provided in relation to the nominated super fund is true and correct and I am authorised to provide the information requested.

Signature

Date

Day / Month / Year
 / /

i If you have completed this section, this is the end of the form. Return this form to your employer as soon as possible.



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Superannuation Continued...

Section C My employer's default super fund

Employer to complete

i Employers must complete this section before providing the form to an employee.

Business name

Australian business number (ABN)

Super fund name

Super fund Australian business number (ABN)

Unique superannuation identifier (USI)

Employee to complete

i Make sure the employer default super fund details above have been completed by your employer before you use this form. Ask your employer if it hasn't been done.

I choose for my employer to open a new account for me with their default super fund

Signature

Date

Day / Month / Year
 / /

i If you have completed this section, this is the end of the form. Return this form to your employer as soon as possible.

Information for Employers

If an employee doesn't return this form

If your employee starts work on or after 1 November 2021, most employers must request the employee's stapled super fund details before making a super contribution.

If an employee doesn't provide you with the correct details, or the fund can't accept your contributions, you will need to request their stapled super fund details from the ATO.

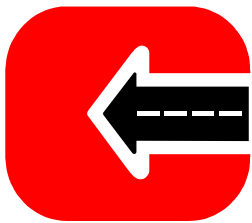
If the ATO advises the employee does not have a stapled super fund, you can make the payment to your nominated default super fund. For more information, visit ato.gov.au/stapledsuperfund

Setting up and paying super for your business

For more information on your super choice obligations, including when you need to offer choice and setting up a default super fund, visit ato.gov.au/employersuper

Help for employers

Phone **13 10 20** between 8am and 6pm, Monday to Friday, to speak to a tax officer about employer super obligations.



Superannuation Continued....

Section D My private self-managed super fund (SMSF)

SMSF details

SMSF name

SMSF Australian business number (ABN)

SMSF electronic service address (ESA)

i An ESA is used so the fund can receive electronic messages and payments from your employer using SuperStream. You can find your ESA by contacting your SMSF messaging provider or through your SMSF administrator, tax agent, accountant or bank.

Your full name as it appears on your account

i This must match the name shown on your super account. This may be your current name, or a previous name.

SMSF bank account details

Bank account name

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 find a copy of the compliance status for your SMSF at superfundlookup.gov.au

I have provided evidence from the ATO this is a regulated SMSF

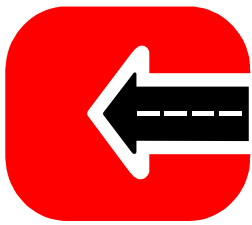
I hereby declare that the information I have provided in relation to the nominated super fund is true and correct and I am authorised to provide the information requested

Signature

Date

Day / Month / Year
 / /

i If you have completed this section, this is the end of the form. Return this form to your employer as soon as possible.



CARRINGTONS TRAFFIC SERVICES

ABN: 15 104 744 103

Head Office: 38 Beaconsfield Avenue, Midvale WA 6056
Tel: (08) 9356 7750 Fax: (08) 9356 7751
www.carringtonswa.com

Unique Student Identifier (USI) Number:



Australian Government
Department of Industry

Skills
Unique Student Identifier

What is a USI?

Your USI links to an online account that contains all your training records and results that you have completed from **1 January 2015** onwards. Your results from 2015 will be available in your USI account in 2016.

The USI is available online and at **no cost** to the student. This USI will stay with the student for life and be recorded with any nationally recognized VET course that is completed from when the USI comes into effect on 1 January 2015.

Creating a USI

Individuals can [create their USI](#) for free by themselves. It is a quick and easy process and will only take a few minutes.

For more information on USI and how to create a USI please follow this link
<http://usi.gov.au/Pages/default.aspx#>

My Name is (Print) _____

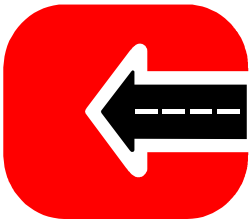
My Name is (Sign) _____

Date _____

MY USI number is (enter 10 characters in squares provided below)

--	--	--	--	--	--	--	--	--	--

Please obtain your USI number, record it on this form, and return the form to CTS



Inductions.

CARRINGTON'S ONLINE INDUCTION LINKS

City of South Perth **<http://www.onlineinduction.com/cityofsouthperth/>**

Create an account for the first time and choose a contractor fill out all the details, will need to make sure you have all your relevant traffic control tickets with you as they will need to be uploaded.

Western Power **<https://www.pts-training.com.au/>**

Click on Western Power – Operational Induction, then click on Login to complete Enrolment, this course will cost around \$130, this is fully returnable via tax returns, *Carrington's can discuss options regarding payment for the course via an approval process, please ask the Operations team for more information for Perm-Part time employees only.*

Fulton Hogan **<https://fultonhogan.tfaforms.net/73?SCRID=a4X8t00000003k7>**

Enter your email address to be guided through the details & commence the induction process.

Water Corp **<https://contractorhsetraining.watercorporation.com.au/signuplocalv2.html>**

Follow the steps once on the website and complete all sectors of Field Based induction required.

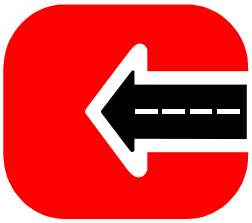
ARC Infrastructure **<https://www.arcinfra.com/Rail-Network/Access-the-corridor>**

Follow the steps once on the website and complete all sectors of Field Based induction required.

Downer **<https://downeraustralia.integralcs.com/home/login/induction>**

Create an account, upon choosing your induction pathway, select (**Western Australia**) Then click Continue and complete all Modules.

[Please ensure that all induction certificates are in PDF format and are sent to the Operations Manager - Scott@carringtonswa.com](#)



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Traffio – Scheduling System.



Carrington's Group Scheduling System

Can you please either go to the App Store (*Apple Phones*) or the Play Store (*Android phones*) and download the Traffio App:

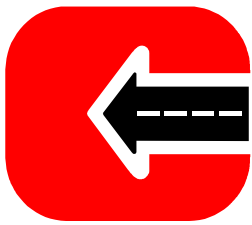
App & Play Store: Type in Traffio and look for this app icon, then select download.



Once you have downloaded the app onto your phone and all your information has been sent to the management team as per below Copies of Tickets / Passport etc.

You will be added to the system and Traffio will automatically send you your login details.

Carrington's Operations team is your first point of contact for any queries regarding this System and once a job request by the Operations team, these must be accepted ASAP!



Copies of Tickets / Passport etc.

Please only send **good-quality photos** of all relevant tickets required,
These will be added to your Traffio file for Payroll & Induction records.

Please hand back this pack in full, with no pages missing along with photographs of the below:

- Driver's License
- TC / BWTM Ticket
- Construction White Card
- COVID – 19 Vaccination Certificate
- Birth Cert / Passport
- Any Visa documents if a non-Australian Citizen

These photographs must all be separated into individual good-quality photos of the front & back of each if needed, **please do not send bad copy scans as these cannot be used for any future inductions that we may induct you into for our clients.**

CTS Payroll Department Only Section.

Vevo Check Completed (if required)	<input type="checkbox"/>
Added to MYOB	<input type="checkbox"/>
Add to the list on the NOTES tab	<input type="checkbox"/>
Add to the crew with an Email Address distribution list	<input type="checkbox"/>
Add to the Weekly Hours Paid spreadsheet	<input type="checkbox"/>
Add to the LSL spreadsheet	<input type="checkbox"/>
Add to Australian Super Quick Super	Fund: _____