



SUBCONTRACTOR APPLICATION

PRIVATE AND CONFIDENTIAL

Division of All Purpose that you are applying for - Please tick applicable box:

Courier Taxi Truck Heavy Furniture QR SSC

Subcontractor Number: _____ (Office Use Only)

Personal Details

First Name: _____

Trading Name: _____

Surname: _____

Contracts to be drawn in Name(s) of: _____

Business Type: Trust / Company (Pty Ltd) / Partnership

Address: _____

Home Phone Number: _____

Mobile Phone Number: _____

Email Address: _____

Date of Birth: _____ (Optional)

Workers Compensation Number: _____

(**NB** Only applicable for subcontractors with an offsider)

ABN: _____

(**NB** If we do not receive an ABN tax will be deducted at 48.25%)

Are you registered for GST? Yes No

So that a direct credit payment can be made weekly into your bank account All Purpose requires details of your bank account.

Bank Name: _____

Note: Bank charges may apply.

Branch Account Held (ie Sunnybank Hills): _____

Bank Account Number: _____

Bank BSB Number: _____

So that All Purpose may accommodate certain circumstances, do you suffer from any illness, injury or disability that would impair your ability to perform the duties and tasks of the position for which you have applied?

Yes No

If yes, please supply details _____

Do you suffer from any drug or alcoholic addiction? (The position that you are applying for involves the operation of a motor vehicle and Legislation prohibits the operation of the vehicle under the influence of alcohol or drugs)

Yes No

If yes, please supply details _____

The position that you are applying for at All Purpose has the responsibility for cash and goods. Have you ever been convicted of a criminal offence involving cash or goods?

Yes [] No []

If yes, please supply details _____

Employment History (Previous 5 Years)

Company	Position	Dates	Reason Left
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References Checked (Sign): _____

References

List two referees who we may contact who can support your application

Name	Address/Telephone Number	Position/Relationship
_____	_____	_____
_____	_____	_____

References Checked (Sign): _____

Deductions from Weekly Payment

1. I hereby authorize All Purpose Transport Services to deduct \$27.50 from my weekly payment for rental payments of the two-way radio/in car data.

Signed _____ Dated _____

2. I hereby authorize All Purpose Transport Services to deduct \$38.50 from my weekly payment for rental payments of a PDA system.

Signed _____ Dated _____

3. I acknowledge that when a client has been overcharged and I have been overpaid that the overpayment will be deducted from my weekly payment.

Signed _____ Dated _____

4. I acknowledge that an amount of \$5.50 per week will be deducted from my weekly payment to act as load insurance. When a claim against All Purpose is made then the first \$55.00 is to be paid by myself. This insurance does not cover damage or loss of goods due to negligence. NB: Furniture Subcontractors load insurance is \$11.00 per week.

Signed _____ Dated _____

5. I acknowledge that any goods or services purchased for my use using an All Purpose account will be deducted from my weekly payments. (ie. Purchase of trolleys, uniforms etc).

Signed _____ Dated _____

6. I wish to join the Company social club. Deduction of \$2.00 per week Code 51

Signed _____ Dated _____

7. I acknowledge that any incar data/two radio installation fees will be deducted from my final payment if I terminate my contract with All Purpose Transport Services within the first month.

Signed _____ Dated _____

8. I acknowledge that if I do not adhere to All Purpose Transport's Pallet movement guidelines and am unable to provide a proof of transfer or delivery for any chep or loscam pallets then the cost of any unaccounted pallet will be deducted from my weekly payment.

Signed _____ Dated _____

Vehicle Details

Make of Vehicle: _____

Please circle appropriate vehicle type:

Combo Van Utility Flat-Top Tautliner Pantech Semi-Trailer Crane

Model: _____

Year: _____

Registration: _____

Total Weight Vehicle Can Carry: _____ Tonne

Equipment (ie. Gates, Tarps, Trolley, Dogs/Chains etc): _____

Check-List For New Subcontractors

Before proceeding make sure that you have given us all the information required by checking off the points detailed below:

- Copy of Contract (signed) Compulsary
- Bond payment (Receipt no. _____) " " "
- Copy of ABN Details showing GST Registered " " "
- Copy of Workers compensation no. (if req'd) " " "
- Copy of Vehicle Registration Certificate " " "
- Copy of Vehicle Insurance &/or Public Liability " " "
- Copy of Driver's Licence " " "
- Copy of Incar data / PDA contract (signed) " " "

- Starting Date ___/___/___

Checked by: _____