



SUPERIOR TRAFFIC MANAGEMENT

Employee Registration

Employee: _____ Employee Number: _____

Address: _____

Post code: _____

Date of birth: _____ Nationality: _____

Passport No. _____ Type of Visa: _____

Drivers Licence No: (Photocopy required) _____

Type: _____ Expiry: _____

Home phone number: _____ Mobile number: _____

Email address: _____

ABN: _____

TFN: _____

Superannuation details: _____

Fund/Type: _____ Account number: _____

Current Qualifications of Competency: (Photocopies Required)

Cert no: _____ Type: _____

Cert no: _____ Type: _____

Cert no: _____ Type: _____

Cert no: _____ Type: _____

First Aid Certificate: Yes / No Company: _____

Type: _____ Expiry: _____

STM-F013-3

18/5/2014

Issue 4

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OFFICE ADDRESS

Brisbane Head Office,
Superior Traffic Management
Unit 2/35 Millenium Place
Tingalpa, QLD 4173

POSTAL ADDRESS:

PO Box 1214,
Carindale QLD 4152

CONTACT

Phone: 1300 995 921
Fax: 07 3319 6340

Email: admin@superiortrafficmanagement.com.au



Date commenced work:

Site:

General safety induction:

Date:

Other safety training:

Date:

Next of kin (incase of an emergency):

Name:

Relationship:

Address:

Postcode

Business number:

Home phone number:

Mobile:

Medical Problems (ie hearing impaired):

Allergies: yes/no type:

Have you ever had a workers compensation claim?

If yes, reason for claim/claims:

Date of claim/claims:

My Signature below confirms the following:

- I am fully aware of my obligations under Workplace Health and Safety Legislation
- I am aware of the Superior Traffic Management requirements for workplace rules, Evacuations and First Aid procedures and Environmental requirements
- Company Induction carried out in accordance with Superior Traffic Management Procedures

Signature:

Date:

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