

GENERAL INDUCTION
ADVANCE METAL INDUSTRIES AUSTRALIA



Employee Name		Preferred First Name	
Department		DOB	___/___/___
Position		Commencement date	___/___/___
Employment	Full Time or Casual Part Time or Temporary	Project Specific	
Pay Classification		Starting Pay Rate Gross per Hour	\$
Number of Hours	per week	As per roster	As per site needs
Reporting To		Exit date	___/___/___

Principal Home Address				Postcode	
Contact Details	Home	Fax	Mob		
Postal Address (or second address)				Postcode	
Marital Status		Do you understand English Language Spoken & written	Yes/No		
Next of Kin Contact Details	Home:	Mob	Employee Drivers License Photocopied	Yes/No	
Next of Kin Name		Relationship to Employee			
Any pre-existing medical conditions					
Have you ever had any Workers Comp Claims					
Any Past or Pending Criminal Convictions					
Able to work	At Height	In High Temperature	With Noise	Do Heavy Lifting	With Chemicals
Any Special Needs					

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Personnel, Position Descriptions, Policy & Procedures: <input type="checkbox"/> Starting Times	<input type="checkbox"/>	Issue employees position description, authority, responsibilities –Letter of Offer	____/____/____
	<input type="checkbox"/>	Finishing Times	
	<input type="checkbox"/>	Discuss company hierarchy, issue Company (Area) organisation charts	
	<input type="checkbox"/>	Employee Sourced From ?	
	<input type="checkbox"/>	Resume Attached. Drivers Licence Attached	____/____/____
	<input type="checkbox"/>	Take receipt of training, education, etc certificates, Green Card, First Aid, Etc	
	<input type="checkbox"/>	Identify additional or specific training needs	
	<input type="checkbox"/>	Hours of work, AMIA offices, sites	
	<input type="checkbox"/>	3 Month Probation Date	____/____/____

<input type="checkbox"/> Quality Assurance & Work Procedures:	<input type="checkbox"/>	Issue copy of Quality policy	
	<input type="checkbox"/>	Discuss standards of work	
	<input type="checkbox"/>	Discuss Personal Presentation & Uniforms	
	<input type="checkbox"/>	Issue copy of key Work Instructions, Forms, etc	

<input type="checkbox"/> Occupational Health, Safety & Rehabilitation	<input type="checkbox"/>	Issue copy of OH&S policy	
	<input type="checkbox"/>	Issue copy of Injury Management Policy	
	<input type="checkbox"/>	Discuss Staff Meetings, When, Where	
	<input type="checkbox"/>	Discuss Safety and Serious Injury Procedure	
	<input type="checkbox"/>	Discuss Non-Smoking policy	
	<input type="checkbox"/>	Discuss Alcohol & drug Policy	
	<input type="checkbox"/>	Discuss injury/ accident reporting procedure	

Company Medical Required	<input type="checkbox"/>	No <input type="checkbox"/> If Yes - By When	____/____/____
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IF URGENT medical attention is required contact

Doctor Name _____ Tel _____ Tel _____

Harassment & Bullying Policy Explained Disciplinary Policy Explained

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//_	LIST OF ISSUED ITEMS - TO BE RETURNED ON TERMINATION	VALUE
		\$
		\$
		\$
		\$

KPI Details		Set	Pending Review	
		//_		
1			4	
2			5	
3			6	

Specific Items/Incentives

This copy of induction to be signed, dated & filed to personnel records as per company privacy policy.

Date: ___/___/___

Inducted employee Name: _____ Signature: _____

Induction officer Name: _____ Signature: _____

List Warnings/Termination Initiated By:		/ /
1.		/ /
2.		/ /
3.		/ /