



**AUSTRALIAN MINERAL
& WATERWELL DRILLING**

ABN 48 127 948 850

**POLICIES
ACKNOWLEDGEMENT
FORM**

POLICIES ACKNOWLEDGEMENT

EMPLOYEE NAME: _____

Code of Conduct & Disciplinary Action Policy

I acknowledge that I have received, read and understood the AMWD Company Policies and/or that they have been explained to me. I also understand that agreeing to comply with these measures form part of my conditions of employment.

Employee Signature: _____

Date: ____/____/____

Conflict of Interest Policy

I acknowledge that I have received, read and understood the AMWD Company Policies and/or that they have been explained to me. I also understand that agreeing to comply with these measures form part of my conditions of employment.

Employee Signature: _____

Date: ____/____/____

Dispute Resolution Policy

I acknowledge that I have received, read and understood the AMWD Company Policies and/or that they have been explained to me. I also understand that agreeing to comply with these measures form part of my conditions of employment.

Employee Signature: _____

Date: ____/____/____

Drug and Alcohol Policy

I acknowledge that I have received, read and understood the AMWD Company Policies and/or that they have been explained to me. I also understand that agreeing to comply with these measures form part of my conditions of employment.

Employee Signature: _____

Date: ____/____/____

Employee Rehabilitation Policy

I acknowledge that I have received, read and understood the AMWD Company Policies and/or that they have been explained to me. I also understand that agreeing to comply with these measures form part of my conditions of employment.

Employee Signature: _____

Date: ____/____/____

Environmental Policy

I acknowledge that I have received, read and understood the AMWD Company Policies and/or that they have been explained to me. I also understand that agreeing to comply with these measures form part of my conditions of employment.

Employee Signature: _____

Date: ____/____/____

Fit For Work & Fatigue Management Policy

I acknowledge that I have received, read and understood the AMWD Company Policies and/or that they have been explained to me. I also understand that agreeing to comply with these measures form part of my conditions of employment.

Employee Signature: _____

Date: ____/____/____

General Administration and Quality Policy

I acknowledge that I have received, read and understood the AMWD Company Policies and/or that they have been explained to me. I also understand that agreeing to comply with these measures form part of my conditions of employment.

Employee Signature: _____

Date: ____/____/____

Performance Management, Dismissal & Disciplinary Action Policy

I acknowledge that I have received, read and understood the AMWD Company Policies and/or that they have been explained to me. I also understand that agreeing to comply with these measures form part of my conditions of employment.

Employee Signature: _____

Date: ____/____/____

Safety Policy

I acknowledge that I have received, read and understood the AMWD Company Policies and/or that they have been explained to me. I also understand that agreeing to comply with these measures form part of my conditions of employment.

Employee Signature: _____

Date: ____/____/____

Sexual Harassment Policy

I acknowledge that I have received, read and understood the AMWD Company Policies and/or that they have been explained to me. I also understand that agreeing to comply with these measures form part of my conditions of employment.

Employee Signature: _____

Date: ____/____/____

Smoke Free Work Place Policy

I acknowledge that I have received, read and understood the AMWD Company Policies and/or that they have been explained to me. I also understand that agreeing to comply with these measures form part of my conditions of employment.

Employee Signature: _____

Date: ____/____/____

Vehicle Management Policy

I acknowledge that I have received, read and understood the AMWD Company Policies and/or that they have been explained to me. I also understand that agreeing to comply with these measures form part of my conditions of employment.

Employee Signature: _____

Date: ____/____/____

Workplace Bullying Policy

I acknowledge that I have received, read and understood the AMWD Company Policies and/or that they have been explained to me. I also understand that agreeing to comply with these measures form part of my conditions of employment.

Employee Signature: _____

Date: ____/____/____

Witness Name: _____

Witness Signature: _____