



CAELLI CONSTRUCTIONS (VIC) PTY LTD
CAELLI FORMWORK PTY LTD

VICTORIAN EMPLOYMENT APPLICATION FORM

Address: 320 Hume Hwy, Craigieburn, VIC 3064
Postal Address: P.O. Box 21, Craigieburn VIC 3064
Phone: 03 9305 7733 Fax: 03 9305 7744

TRADE		Date applied			
Surname		First name			
Apprentice please tick	YES	NO			
Qualified please tick	YES	NO	Documents provided	YES	NO
Email address					
Date of birth					
Home Address					
Contact number					
Person to be contacted in an emergency					
Relationship to you					
Contact number					
Do you know anyone who works for Caelli? If so, what is their name?					
When can you commence work?					
Have you had any injury or illness which could be aggravated by the type of work you are applying for? If so, please detail					
Have you claimed a T.A.C, Work Cover or Workers' Compensation Insurance injury within the last 5 years?					
FOR OFFICE USE ONLY					
Medical booked	YES	NO			
Date booked					
Medical received	YES	NO			
Medical results	PASS	FAIL			
Start date with Caelli					
Job site					
Referred by					
Worked for Caelli previously?	YES	NO			
Previous employee number					
NOTES:-					



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* You must provide 3x employee details

EMPLOYMENT HISTORY		
1. Current position held		Company Name
Date employed	Date finished	
Reason for leaving		
Reference	Reference phone number	
2. Previous position held		Company Name
Date employed	Date finished	
Reason for leaving		
Reference	Reference phone number	
3. Previous position held		Company Name
Date employed	Date finished	
Reason for leaving		
Reference	Reference phone number	
Union	Expiry Date	M/ship No.
Superannuation Scheme	Redundancy (incolink) No.	
(C+Bus No.)		
Long service leave (Co-Invest) No.		



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QUALIFICATIONS	
Motor vehicle licence No.	Class/Type
First aid certificate No.	Class/Type
Scaffold certificate No.	Class/Type
Crane drivers License No.	Class/Type
Dogmans license No.	Class/Type
Hoist drivers license No.	Class/Type
Riggers license No.	Class/Type
Welder's license No.	Class/Type
Fork driver's license No.	Class/Type
Red card training No.	Class/Type
White card training No.	Class/Type
High risk work No.	Class/Type
Working at heights No.	Class/Type
* Please provide any other relevant tickets	
To send us this application please save it to your computer	
then forward it to info@caelli.com.au , or fax it to us on 9305 7744	