



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 (DD-MM-YYYY)

Surname

First Name

Date of Birth

Home Phone

Mobile

Address

Postcode

Person to be contacted in an emergency

Phone

Do you know anyone that works for us? (please write their name)

Why are you interested in this position?

If appointed, when can you start?

Have you any injury or illness which could be aggravated by the type of work you are applying for?

If yes, please detail

Have you claimed a T.A.C., Work Cover, or Workers' Compensation Insurance injury within the last five years?

EMPLOYMENT HISTORY

1. Current position held

Company Name

Date employed from

to

Reason for leaving

Referee

Phone

2. Previous position held

Company Name

Date employed from

to

Reason for leaving

Referee

Phone

3. Previous position held

Company Name

Date employed from

to

Reason for leaving

Referee

Phone

Union

Expiry Date

M/ship No

Superannuation Scheme (C+Bus) No

Redundancy (Incolink) No

Long Service Leave (Co Invest) No



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

QUALIFICATIONS

Motor Vehicle Licence No.	Class/Type
<input type="text"/>	<input type="text"/>
First Aid Certificate No.	Class/Type
<input type="text"/>	<input type="text"/>
Scaffold Certificate No.	Class/Type
<input type="text"/>	<input type="text"/>
Crane Drivers Licence No.	Class/Type
<input type="text"/>	<input type="text"/>
Dogman's Licence No.	Class/Type
<input type="text"/>	<input type="text"/>
Hoist Drivers Licence No.	Class/Type
<input type="text"/>	<input type="text"/>
Riggers Licence No.	Class/Type
<input type="text"/>	<input type="text"/>
Welder's Licence No.	Class/Type
<input type="text"/>	<input type="text"/>
Fork Driver's Licence No.	Class/Type
<input type="text"/>	<input type="text"/>
Red Card Training No.	Date/Class
<input type="text"/>	<input type="text"/>

FOR OFFICE USE ONLY

Date interviewed	Interviewed by
<input type="text"/>	<input type="text"/>
Interviewer's comments	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Referees' Comments	
1. <input type="text"/>	
<input type="text"/>	
2. <input type="text"/>	
<input type="text"/>	
3. <input type="text"/>	
<input type="text"/>	
Do we require a pre-employment medical? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, applicant was found fit/unfit for the position by our Doctor on	
<input type="text"/>	
<input type="text"/>	
Upon appointment: Commencement Date	Industry classification
<input type="text"/>	<input type="text"/>

To send us this application please save it to your computer, then forward it (and any supporting documentation) to info@caelli.com.au , or fax it to us on 9305 7744.