

ANTQIP PTY LTD

PO Box 679
St Marys NSW 1790

Phone 09 9673 1233
Fax 02 9623 7402
info@antqip.com.au

17-19 Dunheved Circuit
St Marys NSW 2760

EMPLOYEE DETAILS

PERSONAL DETAILS

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Drivers Lic No: _____ Licence Class/s: _____

Green Card No: _____ CBUS Number: _____

ACIRT No: _____ CTAS Number: _____

LSLPC No: _____ Tax File No: _____

Qualifications / Tickets Held: _____

- | | | | |
|-------------------------------------|-------------------------------------|------------------------------------|------------------------------------------|
| <input type="checkbox"/> Loader | <input type="checkbox"/> Rigging | <input type="checkbox"/> EWP | <input type="checkbox"/> Confined Spaces |
| <input type="checkbox"/> Dozer | <input type="checkbox"/> Dump Truck | <input type="checkbox"/> Excavator | <input type="checkbox"/> Backhoe |
| <input type="checkbox"/> Grader | <input type="checkbox"/> Skid Steer | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Water Cart | <input type="checkbox"/> Roller | <input type="checkbox"/> Compactor | |

BANK DETAILS

Bank Name: _____ A/C Name: _____

BSB Number: _____ A/C Number: _____

EMERGENCY CONTACT DETAILS

Name: _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____

Name: _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____

Name: _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____

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PREVIOUS WORK HISTORY

Position Held: _____ From: _____ To: _____

Company Name: _____

Reason for Leaving: _____

Position Held: _____ From: _____ To: _____

Company Name: _____

Reason for Leaving: _____

Position Held: _____ From: _____ To: _____

Company Name: _____

Reason for Leaving: _____

Have you ever had a Workers Compensation Claim? (if yes please supply details) YES / NO

Do you have any disabilities that would affect your work or performance in this industry?
(if yes please supply details)

YES / NO

REFEREES

Name: _____ Phone: _____ Mobile: _____

Name: _____ Phone: _____ Mobile: _____

Name: _____ Phone: _____ Mobile: _____