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: | | | |
| Loader | Rigging | EWP | Confined Spaces | |
| Dozer | Dump Truck | Excavator | Backhoe | |
| Grader | Skid Steer | Other | | |
| ☐ Water Cart | Roller | Compactor | | |
| BANK DETAILS | | | | |
| Bank Name: | | A/C Name: | | |
| BSB Number: | | A/C Number: | | |
| EMERGENCY CO | ONTACT 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 wor | k or performance in thi | s industry? | | | |
| (if yes please supply details) | | | YES / NO | | | |
| | | | | | | |
| | | | | | | |
| REFEREES | | | | | | |
| Name: | Phone: | Mobile: _ | | | | |
| Name: | Phone: | Mobile: _ | | | | |
| Name: | Phone: | Mobile: _ | | | | |