

Surname	First name
Trade/position	Date applied
Apprentice Please tick ☐ YES ☐ NO	
Qualified Please tick ☐ YES ☐ NO	Documents provided ☐ YES ☐ NO
Phone	
Email	
Date of birth	
Home address	
Person to be contacted in an emergency	
Relationship to you	
Phone	

Do you know anyone who works for PCF? 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

Covid vaccination? Please list dates and specify type

Covid vaccination certificate provided? ☐ YES ☐ NO

Have you claimed a T.A.C, Work Cover or Workers' Compensation Insurance injury within the last 5 years? If so, please detail

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Medical booked Please tick ☐ YES ☐ NO
Date booked
Medical received Please tick ☐ YES ☐ NO
Medical results Please tick ☐ PASS ☐ FAIL
Qualification register Please tick ☐ YES ☐ NO
Start date with PCF
Job site
Referred by
Worked for PCF previously? Please tick ☐ YES ☐ NO
Previous employee number
NOTES:

MEMBERSHIPS

Union	Expiry Date	M/shipNo.
Superannuation (C+Bus No.)		Redundancy (incolink) No.
Long service leave (Co-Invest) No.		

EMPLOYMENT HISTORY *You must provide 3x employee details

1 - CURRENT EMPLOYMENT

Position held	Company Name
Date employed	Date finished
Reason for leaving	
Reference	Reference phone

2 - PREVIOUS EMPLOYMENT

Position held	Company Name
Date employed	Date finished
Reason for leaving	
Reference	Reference phone

3 - PREVIOUS EMPLOYMENT

Position held	Company Name
Date employed	Date finished
Reason for leaving	
Reference	Reference phone

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Date interviewed

Interviewed by

Interviewer's comments

Referee's comments

NEXT STEP: To send us this application please save it to your computer then forward it to employment@pcformwork.com.au

03 9000 7800 | employment@pcformwork.com.au

PCFormwork.com.au

ABN 70 652 952 442