| Metal Roofing | Leadwork | Skylights |
| Gutters | Downpipes | Inspection Reports |

MP Licence No. 92425C
ABN 48 082 030 215   ACN 082 030 215
Roofing Services Pty. Ltd.

Contractor Engagement Form

Date: _____

SITE APPLIED FOR	

CONTRACTOR'S DETAILS

Given Name		Surname		Position
Company Name		Trading Name		
Address			ABN	
Financial Institution	BSB		Account No.	
Phone	Mobile Phone		Email	
Trade Description				
No. of Employees		Current Licence Number		

CURRENT QUALIFICATIONS

Qualification Title	Licence or Certificate No.s	Qualification Title	Licence or Certificate No.s
Tradesman Certificate (Roof Plumber)		General Induction WHS	
Contractor Certificate (Roof Plumber)		EWP	
Supervisor Certificate (Roof Plumber)		Working at Heights	

PREVIOUS ENGAGEMENTS (MOST RECENT FIRST)

Employer Name/Establishment (Attach documents if required)	Dates from/to	Position Held	Reason for leaving	*Office use check* *Initial/date*

OTHER INFORMATION

When will you be able to start work?	
Please provide any other information that you identify as being significant to this application?	

DECLARATION

I declare that the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly information may result in termination of employment with this organization. I understand that this application does not constitute an offer of employment, I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

Signed _____ Date_____

PROVIDE THE FOLLOWING DOCUMENTATION

Equipment to be supplied by Contractor:

Ute: Yes / No   **Power Tools:** Yes / No   **Ladders:** Yes / No

Public Liability Details:

Certificate of Currency   ☐

Workers Compensation Details

Certificate of Currency   ☐

SWMS   Copy Attached   ☐   **Electrical Equip Register**   ☐

OTHER ACTION

Interviewed by:

Anticipated Start Date: /   /   Date commenced: /   /

Date ceased work: /   /

Reason for Termination: