

Part K: Employment history form

Please fill in this form about your work history in the plumbing industry. This information will help the VBA decide whether you have enough years of experience to be eligible for registration.
(Please note: this is a supplementary form to the main registration application form)

Applicant first name

Applicant surname

Application Reference Number (if available)

Employer/supervisor name

Company name

Dates of employment (from - to):

Address of employer

State:

Postcode:

Employer phone number

Employer mobile number

Plumbing licence number (if applicable)

Continues page 2

Note: If you have had more than three employers in plumbing work, then please print another copy of this form to fill out the details for the additional employers and submit with your application.

Employer/supervisor name

Company name

Dates of employment (from – to):

Address of employer

State:

Postcode:

Employer phone number

Employer mobile number

Plumbing licence number (if applicable)

Employer/supervisor name

Company name

Dates of employment (from – to):

Address of employer

State:

Postcode:

Employer phone number

Employer mobile number

Plumbing licence number (if applicable)