

APPLICATION FOR EMPLOYMENT

PLEASE PRINT IN BLOCK LETTERS ONLY

DATE:/...../.....

MR / MRS / MISS / MS: SURNAME: _____

CHRISTIAN NAME: _____

POSTAL ADDRESS: _____

RESIDENTIAL ADDRESS: _____

DATE OF BIRTH:/...../...../

TELEPHONE: _____

MOBILE: _____

E-MAIL ADDRESS: _____

MARITAL STATUS: _____

NEXT OF KIN: _____

EMERGENCY CONTACT NAME: _____

TELEPHONE: _____

EMPLOYMENT DESIRED

POSITION: _____

DATE YOU CAN START: _____

ARE YOU EMPLOYED: YES/NO

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES/NO

HAVE YOU APPLIED TO THIS COMPANY BEFORE? YES/NO WHEN? _____

HAVE YOU HAD AN INTERVIEW WITH THIS COMPANY BEFORE? YES/NO

IF YES FOR WHAT POSITION? _____ WHEN? _____

AVAILABILITY - (HOURS/DAYS AVAILABLE: PLEASE INDICATE)

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|--|

PRESENT STATUS (Please Circle)

SCHOOL

UNEMPLOYED

WORKING

DO YOU HAVE ANY ADDITIONAL SKILLS OR TRAINING? (e.g. Aussie Host Certificate, Food Hygiene, Trade Certificate in Baking,)

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Please turn over to complete this application

PREVIOUS EMPLOYMENT:

(Start with last employer or present employer if still employed)

Name of Employer: _____

Address: _____

Employed as: _____ From: _____ To: _____

Reason for Termination: _____

Name of Employer: _____

Address: _____

Employed as: _____ From: _____ To: _____

Reason for Termination: _____

Name of Employer: _____

Address: _____

Employed as: _____ From: _____ To: _____

Reason for Termination: _____

Sporting Interests: _____ Days Not Available: _____

Hobbies: _____

EDUCATION HISTORY:

School/College Attended:

Date Attended:

Year Level

...../...../.....

...../...../.....

...../...../.....

Please list any pre-existing injuries, disease, or medical condition that may affect your employment with us in the future. Please note that failure to list this information may mean you will not be entitled to Workcover Compensation if the nature of the job aggravates the pre-existing injury, disease or medical condition.

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In the event of a medical emergency do you have any known allergies? _____

NAME & ADDRESS OF TWO REFEREES:

1. _____

2. _____

I CERTIFY THAT THE FOREGOING PARTICULARS ARE CORRECT AND I ACCEPT THAT MY PREVIOUS EMPLOYERS MAY BE ASKED FOR A REFERENCE BEFORE THIS COMPANY DECIDES WHETHER TO OFFER EMPLOYMENT.

SIGNED: _____

DATE: _____