



APPLICATION FOR EMPLOYMENT

Position applied for		Date Applied	
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PERSONAL DETAILS

Last name		First Name/s	
Date of Birth		Age	
Address			
Phone (h)		Mobile	
Email Address			
Drivers License and classes		Have you ever had your Drivers Licence revoked?	
Emergency contact		Contact number	
Relationship to you		Regular GP/Doctor	
Bank Details	Account Name	Bank Name	BSB Number Account Number
Superannuation Fund		Member Number	
Tax File Number			

QUALIFICATIONS / EXPERIENCE

Qualifications	
Skills /Experience	

**CURRENT OR MOST RECENT EMPLOYER / REFERENCE**

				Office use only
Dates From / To	Position Held	Employer name & address	Contact & telephone	Checked
Do you agree for current employer to be contacted?			YES / NO / N/A	
Reason for leaving?				

PREVIOUS EMPLOYERS / REFERENCES

Dates From / To	Position held	Employer name & address	Contact & telephone	Checked
Are there any medical reasons why you may not be able to work safely and efficiently (eg health conditions).				
Is there any further information that you wish to add?				



REFERENCES

Provide three references including, names, contact numbers, relationship to you (eg supervisor).

Name	Contact number	Relationship

EDUCATIONAL HISTORY

School attended	
Date last attended	
Highest level achieved	
Major achievements at school level	
Provide reference & contact number	

FURTHER EDUCATION

Institution attended	
Dates attended	
Course/s completed	
Level achieved	
Major achievements	
Provide reference & contact number	

First aid Ticket – Yes/No		Date Expires	
Other Licenses & Expiry Date			



GENERAL

From what date will you be able to start work?	
What type of employment do you seek? Please circle.	<input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> casual <input type="checkbox"/> contract
This job may require travelling. Do you have any concerns about travelling?	
Have you ever applied for a position with this company?	
Have you worked for this company previously?	
Do you have a criminal record? A police check will be required.	
Do you have any current/outstanding workers compensation claims?	

Further comments you wish to add

DECLARATION

To the best of my knowledge, I believe that the above statements are true and correct. I understand that any deliberately false, misleading or incomplete statements may lead to my dismissal, if employed.

I _____ give this company permission to conduct the relevant reference checks and obtain the required information from past employers and/or other relevant parties. I understand that this will be done in an ethical and legal manner and will not compromise my current employment situation.

Signed: _____ Date: _____

Important note: This Company is an EEO employer (Equal Employment Opportunity) and does not discriminate against any current or future employee. If you feel that at any stage this company or a representative of this company has discriminated against you, we encourage you to seek the appropriate legal advice.

**FOR OFFICE USE ONLY**

Application approved		Date	
Payroll entry		Other information	
Medical Passed		Induction Completed	
Current First Aid		Current Drivers Licence	
Other Licences		Police Check Completed	

Shift Rate		Date Applied	
Shift Rate		Date Applied	
Shift Rate		Date Applied	

REFERENCE CHECKS

	Reference	Comments
1		
2		
3		

Notes: