



APPLICATION FOR EMPLOYMENT

- Note:**
1. This is a smoke free workplace.
 2. We will check your last two places of work as references, as well as any other references you list.
 3. Attach copy of Resume, if available.

APPLICANTS DETAILS

Position applied for: _____ F/T P/T CASUAL

Surname: _____ Title: Mr / Mrs / Miss / Ms

Given Names: _____ DOB (if under 21): _____

Address: _____ Email: _____

Postcode: _____

Telephone: Home: _____ Mobile: _____

EMPLOYMENT HISTORY

Present/Most recent position

Employer: _____ Position held: _____

Address: _____

Date employed, from _____ to _____

Brief description of duties:

Reason for leaving: _____

Second most recent position

Employer: _____ Position held: _____

Address: _____

Date employed, from _____ to _____

Brief description of duties:

Reason for leaving: _____

REFERENCES

<u>Name</u>	<u>Relationship to Applicant</u>	<u>Organisation</u>	<u>Phone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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EDUCATION

Certificates/Qualifications

Institute/School

Start Date

Finish Date

Do you hold a current drivers licence? YES/NO If YES, state class _____
and Type _____

If the position you are applying for requires you to drive or could require you to drive a company vehicle would you be prepared to sign an Undertaking and Indemnity form? YES / NO

HEALTH

The following details are requested so as to enable the company to meet its legal requirements in relation to Workplace Health and Safety.

Injuries from previous employment

Have you any injuries resulting from your present or previous employment? YES / NO

If YES are you currently receiving treatment for that condition? YES / NO

With reference to the position you have applied for, please describe the nature of the condition:

General Health

Do you have a known health condition which could prevent you from competently and efficiently carrying out work in the position for which you have applied, in a manner which is safe to yourself other employees or the public. YES / NO

If YES, please explain: _____

Would you be prepared to have a medical examination if requested? YES/NO

Are you aware of any reason or condition which would regularly prevent you from attending work? YES/NO

If YES, please explain: _____

Are you available to work any hours/all days of the week? YES/NO

If NO, please specify when you are available: _____

ADDITIONAL INFORMATION Please state any additional information which would be relevant in assessing your application.

DECLARATION

I certify that to the best of my knowledge, all the information given in this application is correct. I accept that if I have given false information, I may be dismissed.

Signature _____ Date _____