



COMPANY _____

APPLICATION FOR EMPLOYMENT

POSITION: _____

APPLICANT'S NAME: _____

APPLICATION FOR EMPLOYMENT

DATE: _____

SURNAME: _____

GIVEN NAMES: _____

ADDRESS: _____

_____ POSTCODE: _____

PLACE OF BIRTH: _____ LANGUAGES SPOKEN: _____

PHONE NO.: _____

TAX FILE NO: _____ DATE OF BIRTH: _____

DEPENDENTS: _____ MARITAL STATUS: _____

EDUCATIONAL QUALIFICATIONS: _____

TRADESMAN LICENCE NO.: _____

ARE YOU A MEMBER OF AN INDUSTRY SUPERANNUATION FUND? YES/NO

NAME OF FUND: _____ MEMBERSHIP NO: _____

In the event of accident/illness – contact:

NAME: _____ PHONE NO: _____

RECORD OF PREVIOUS EMPLOYMENT

(List most recent job first)

DATES EMPLOYED

From _____ To _____

Name of Employer _____

Position Held _____

Reason for Leaving _____

Name of Employer _____

Position Held _____

Reason for Leaving _____

Name of Employer _____

Position Held _____

Reason for Leaving _____

Do you know of any reason that would prevent you from fulfilling the duties of the position?

YES/NO

If Yes, please give details _____

Have you a current driver's licence?

YES/NO

Provisional/ Unrestricted / Restricted

Licence No. _____ Expiry Date: _____

Have you been involved in a motor vehicle accident in the last 10 years? YES/NO

If Yes, please give details _____

Have you had your driver's licence cancelled or suspended or have you been convicted of a criminal offence in the last 10 years for which you served a prison sentence?

YES/NO

If Yes, please give details _____

Are you willing to take a physical examination?

YES/NO

REFERENCES

1 COMPANY NAME _____

PHONE NO _____

2 COMPANY NAME _____

PHONE NO _____

3 COMPANY NAME _____

PHONE NO _____

DECLARATION BY APPLICANT (TO BE COMPLETED AT INTERVIEW)

I hereby declare that the information given is true in every respect and permission is granted to confirm references of previous employment submitted on application.

I acknowledge a **probationary period** of _____ months will apply.

Signed _____ Witness _____

Position: _____

MANAGER TO COMPLETE

Remarks _____

Date commenced _____ Probation Period: _____

Salary/wage _____ Costing Code _____

Full-time / Part-time / Casual _____ Award _____

Classification _____ Hours worked _____

Driver's licence copy obtained? YES/NO (please attach)

Motor Vehicle Excess? YES/NO \$ _____

Dated _____ Signed _____ **MANAGER**