



Application Form

| Instruction for Managers | Instruction for Applicant |
|---|---|
| 1. Form is to be given to applicants prior to an interview. 2. Information used for the recruitment process only. 3. Form shredded if not employing or filed on staff file. | 1. Complete as part of your application. 2. Provide the form to the manager or staff member. |

For Your Information

The information within the application will be used only for Recruitment Processes and will be distributed to the manager. Applications will be kept confidential.

Work Request Information

First Name: _____ Last Name: _____

Preferred Position: _____ Preferred Work Option: Full Time
 Part Time
 Casual
 (Please Tick)

Other Positions you would consider: _____ Availability to Work: Everyday including shift work
 Week days only
 Weekends only
 Day time only
 Other- please specify: _____
 (Please Tick)

When can you start work? _____ Hours you are available: _____

Personal Information

Contact Details: _____ Are you an Australian Citizen? Yes / No

Home Number: _____ If not, what is your current Residency status? Permanent / Temporary
 Type of Visa: _____

Mobile Number: _____ Expiry Date: _____

Email Address: _____



Employment History

Please list most recent position first:

| Dates (Start and End Dates) | Position Held | Organisation | Referee, Position and Contact Number |
|--------------------------------|---------------|--------------|---|
| | | | |
| | | | |
| | | | |
| | | | |

Education

| Institution | Date From | Date To | Course | Level Achieved |
|-------------|-----------|---------|--------|----------------|
| | | | | |
| | | | | |
| | | | | |

Other Skills and Achievements

Please list other skills which may assist you with your application (i.e. computer skills, awards and achievements)

| Details |
|---------|
| |

Capacity to work Declaration

| | |
|---|----------|
| Are you over the legal minimum working age? Date of Birth (Junior Positions Only) / / | Yes / No |
| Can you meet the requirements of start and finish times of shifts? | Yes / No |
| Due to Occupational Health and Safety requirements, do you have any condition that will cause you to be absent from the workplace for prolonged periods of time and/or pose a significant risk to others? If yes, state details: | Yes / No |
| Do you have any condition that will, in anyway, hinder your current or future ability to perform the position for which you have applied? If yes, state details: | |



Applicant Declaration

I certify that the information supplied in my resume and within this Employment Application is true and correct to the best of my knowledge. I understand that false, misleading or non-disclosure of information may result in future disciplinary action including termination of employment. I authorise for my referees to be contacted.

Name: _____

Signature: _____

Date: ____/____/____