

Blacksheep Services



Application for Employment

Position applied for:

Area:

Surname:

Given name:

Title:

Address:

Phone Number:

Email:

Current Driver Licence? Yes No

Licence Number:

Class:

Conditions:

Expiry date:

Are there any restrictions on you taking up employment in Australia? (If yes please provide details) Yes No

Education History

Schools:

Qualifications:

University/Colleges:

Qualifications:

Other training:

Blacksheep Services



Qualifications:

Other employment

Please note any other employment you would continue with if you were successful in obtaining this position.

References

Please note the names and addresses of two persons from whom we may obtain both character and work experience references.

1. Name:

Address:

Known in the capacity of:
(i.e., Manager/Education)

2. Name:

Address:

Known in the capacity of:
(i.e., Manager/Education)

Leisure

Please note your leisure interests, sports, and hobbies etc.

Blacksheep Services



Criminal record

Please note any criminal convictions. If none, please state. In certain circumstances, employment is dependant upon obtaining a satisfactory National Police Check and/or Working with Children Check.

Please detail here your reasons for this application, your main achievements to date and strengths you would bring to this role. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the position/job advertisement)

General comments



Declaration

(Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the employer reserves the right to require me to undergo a medical examination. I understand that should the employer require further information and wish to contact my doctor with a view to obtaining a medical report, the employer will inform me of their intention and obtain my permission prior to contacting my doctor. In addition, I agree that this information will be retained on my personnel file during employment and for up to six years thereafter.
3. I agree that should I be successful in this application, I will, if required, apply for a National Police Check and/or Working with Children Check. I understand that should I fail to do so, or should the check not be to the satisfaction of my employer, any offer of employment may be withdrawn, or my employment terminated.

Signed:

Date: