

HOTEL LOYAL PIZZA, INC.

APPLICANT SECTION

Position applied for:

Personal details		
Given name:	Family name:	
Preferred name:		
Address:		
Telephone	Daytime:	Mobile:
Email:		

Current qualifications		
Qualification title	Institution/training provider	Year completed

Are you currently undertaking study/training?
(tick one) Yes No

If yes, course/program name:
(tick one) Full time Part time Distance Other

Previous employment (most recent first)				
Employer name/ establishment	Dates from/to	Position held	Reason for leaving	Office use check initial/date

HOTEL LOYAL PIZZA, INC.

Do you agree to have referees contacted in relation to this application? (tick one)

Yes

No

(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential.)

Please provide details of three people who can speak on your behalf regarding your work history.

Name	Contact No.	Position held/working relationship (eg supervisor)	Office use check initial/date

What type of work are you available for? (tick one)

Full time

Part time

Casual

When will you be available for work?

Please provide any other information that you identify as being pertinent to this application
(eg medical conditions, disabilities)

Declaration

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

Signed:

Date: