

APPLICATION FOR EMPLOYMENT

(Confidential)

PERSONAL DETAILS: (Please print clearly)

Date: / /

Position: _____

If your application is successful, when are you available to start? _____

First name(s):

Last name:

Title: Mr / Mrs / Miss / Ms / Other

D.O.B

Address:

Suburb:

State:

P/code

Postal (if different):

Phone:

(Home:)

(Mobile):

Email:

LEGAL WORK STATUS

Are you legally entitled to work in Australia? Yes / No

If you are not a permanent resident of Australia, do you have a current work permit? Yes (please attach copy of relevant Passport Visa page) / No

Type of Work Visa:

Expiry date of work permit:

ETHNICITY

Do you identify as Aboriginal or Torres Strait Islander? Yes / No / I choose not to identify

HEALTH

Do you have any health problems or known medical conditions which may affect your ability to effectively carry out the inherent functions and responsibilities of this job? This includes any past injuries that may affect your employment if they recurred.

Yes / No

If yes, please give details of nature of injury or illness:

Date of Accident(s) /Injury/ Illness:

Have you made a previous Workers Compensation Claim?
If so, please provide Name of then Employer and date of the Claim:

Yes / No

OTHER DETAILS

National Police Certificate (less than 6 months old)? Yes No
Do you have a current Australia Drivers Licence? Yes No Highest Class: _____

REFERENCES

Please attach your resume as well as details of your most recent Employer/References below (if not on your resume):

Name of reference (previous employer)	
Company	
Position of reference	
Telephone contact	
Name of reference (previous employer)	
Company	
Position of reference	
Telephone contact	

I consent to the Company seeking verbal or written information on a confidential basis about me from referees and representatives of my current and previous employers and I authorize the information sought to be released by them for ascertaining my suitability for the current vacancy.

Yes / No

Signature:

Date:

DECLARATION

I..... declare that the information contained in this application and any supporting information is accurate, complete and correct. I accept that should my application be successful, this information will form part of my employment agreement and falsification or withholding of information may be grounds for dismissal.

Signature:

Date: