



3S- Superior Sealing Services LLC

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

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



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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: _____
