



# EMPLOYMENT APPLICATION

POSITION APPLYING FOR: \_\_\_\_\_

## **PERSONAL DETAILS:**

SURNAME: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

CONTACT NUMBERS: H: \_\_\_\_\_ M: \_\_\_\_\_

## **EDUCATIONAL BACKGROUND:**

SCHOOL: \_\_\_\_\_

YEAR COMPLETED: \_\_\_\_\_

LEVEL COMPLETED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **EMPLOYMENT HISTORY: - (BEGIN WITH MOST RECENT EMPLOYER)**

1) EMPLOYERS NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE ENDED: \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

2) EMPLOYERS NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE ENDED: \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

3) EMPLOYERS NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE ENDED: \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

MAY WE CONTACT YOUR CURRENT EMPLOYER FOR A REFERENCE? **YES / NO**

**ADDITIONAL INFORMATION:**

(State briefly why you have applied for this position. Include any relevant you feel may assist your application:

DETAILS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU WILLING TO WORK WEEKENDS AND EVENINGS? **YES / NO**

**REFEREES:** *Please supply at least three*

1) Referee: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBERS: \_\_\_\_\_

PERSONAL OR PROFESSIONAL: \_\_\_\_\_

2) Referee: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBERS: \_\_\_\_\_

PERSONAL OR PROFESSIONAL: \_\_\_\_\_

3) Referee: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBERS: \_\_\_\_\_

PERSONAL OR PROFESSIONAL: \_\_\_\_\_

**MEDICAL HISTORY:**

Do you have any illness, medical condition or disability that may affect your ability to perform reasonable duties associated with this position without risk to yourself or others?

**YES / NO: *If yes, give details:*** \_\_\_\_\_

WOULD YOU BE WILLING TO HAVE A MEDICAL EXAMINATION? **YES / NO**

ARE YOU CURRENTLY RECEIVING ANY WORKERS COMPENSATION **YES / NO**

***If yes, give details:*** \_\_\_\_\_

**APPLICATION DECLARATION:**

I (print name) \_\_\_\_\_ declare that;

1) The details I have provided in this application are true and correct, and

2) That I understand that any false information I have given will render me subject to dismissal.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_