



Employment Application

1. APPLICATION FOR EMPLOYMENT:

Position Applied for:

.....

Full-time Part-time Shift work Casual Other (please specify)

Available (give date)/...../.....

Have you done this kind of work before? YES / NO

SURNAME: _____

GIVEN NAMES: _____

PREFERRED NAME: _____

RESIDENTIAL AND POSTAL ADDRESS:

TELEPHONE NUMBER:

- HOME _____
- BUSINESS _____
- MOBILE _____

DATE OF BIRTH: (optional)

For the purpose of completion of Superannuation Membership Forms, would you please answer the following question?

Do you smoke? Yes No

RESIDENTIAL STATUS:

WERE YOU BORN IN AUSTRALIA YES NO (If yes, no further information is required.)

IF NO, ARE YOU THE HOLDER OF AN AUSTRALIAN PASSPORT YES NO
OR ARE YOU AN AUSTRALIAN RESIDENT YES NO

PLEASE PROVIDE RELEVANT DOCUMENTATION SUBSTANTIATING YOU ARE ABLE TO WORK IN AUSTRALIA.

The following documents can be accepted as evidence of right to work: Australian Birth Certificate, Australian Citizenship Certificate, Australian or NZ passport, permanent residence status, temporary visa with entitlement to work.

LICENCE NUMBER: _____

• **STATE OF ISSUE:** _____

• **LICENCE CLASSIFICATION/S:** _____

• **OTHER LICENCES HELD:** (i.e. Forklift) _____

DO YOU HAVE ANY ILLNESSES OR CONDITION/S (past or present) THAT WOULD AFFECT YOUR ABILITY TO DO THE JOB, OR COULD BE AGGRAVATED BY THE JOB DUTIES OR, IN THE COURSE OF COMPLETING YOUR DUTIES MAY PLACE OTHERS OR YOURSELF AT RISK?

Yes- give details

No

EMERGENCY CONTACT/NEXT OF KIN: _____

• **ADDRESS:** _____

• **TELEPHONE:** _____

• **RELATIONSHIP WITH EMPLOYEE:** _____

Personal Referees: Name/Phone	Occupation or Relationship to Applicant
1 _____	_____
2 _____	_____
3 _____	_____
Professional Referees	
1 _____	_____
2 _____	_____
3 _____	_____

Please attach any additional information, which you believe may be relevant to your application.

In the event of a probationary period (generally three months) of employment being offered I agree to provide additional information such as date of birth and tax file number for administrative purposes.

I declare that I am not suffering from any debility of a recurrent or permanent nature except documented above, and I am not subject to any infirmity or other condition, physical or otherwise, which may endanger myself or any other person in the course of my work.

I understand that if my application is successful, the position, the working hours or shift to which I am appointed may be subject to change at the discretion of the Company.

I authorize the Company to obtain references to support this application.

I declare the above statements and answers are true and correct and acknowledge that if I provide answers or statements, which are untrue that this may result in me not being offered employment or my being terminated.

Personal Signature:	Date:
.....

Thank you