APPLICATION FOR EMPLOYMENT

Revision Date: 21/04/2015 Original Issue: 14/04/2015



APPLICATION			
Position Applied For			
PERSONAL DETAILS			
Given Name	Surname		
Address			
Date of Birth	Home Phone		
Mobile	Email		
Right to work in Australia (Please circle)			
Australian Citizen	Current Visa (please indicate type)		
New Zealand Citizen	No Visa, I require sponsorship		
Australian Permanent Resident			
Authority			
I give the company my permission to check with any/all of the people stated in the referee section			
I agree to undertake a pre-employment medical assessment (if applicable)			
The Company is committed to establishing and maintaining a safe and fair work environment for all prospective employees. This commitment is based on the principles of concern for the individual, selecting the best person for the job and minimising business risk.			
A pre-employment medical is required the medical examination is designed to assess whether an applicant can fulfil the physical requirements of the position prior to entering into employment			
DECLARATION			
I certify that the statements made in this application are true and correct			
I understand and agree a false statement may disqualify me from employment, or result in dismissal			
Signature of applicant	Date		
RESUME			
Attached (Please circle)			
Yes if yes please ignore additional questions	No if no please complete additional questions		

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EDUCATION AND TECHNICAL QUALIFICATIONS				
	Course		Course Held at	
1.				
2.				
3.				
SKILLS/ QUALIFICATIONS				
1.		3.		
2.		4.		
EMPLOY	MENT HISTORY			
Present /	Previous Employer 1			
Name of I	Employer	Position Held		
Date Fron	n	Date To		
Reason fo	or Leaving			
Duties				
1.				
2.				
3.				
Present / Previous Employer 2				
Name of I	Employer	Position Held		
Date Fron	n	Date To		
Reason fo	eason for Leaving			
Duties				
1.				
2.				
3.				
REFEREES				
1.	Name	Phone		
2.	Name	Phone		
3.	Name	Phone		