

Application for Employment

Date of application:		Position applied for:	
Family Name:		Given Names:	
Address			
Street:			
Suburb:			
Post code:			
Telephone			
Home:	Mobile:	Work:	
Date of Birth (Optional):		Age:	
Language Spoken:		Country of Citizenship:	
Residency Status:			
Are you permitted to work in Australia?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Tax File Number (TFN)? (To be provided if successful)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid driver's licence? (To be provided if successful) <small>(Licence details will be verified in accordance with State requirements)</small>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Educational Attainment

Qualification/Level Achieved	Institution & Country	Year

Previous Employment

(List most current position first - Where resume attached, do not complete)

Dates		Position held	Company	Reason for leaving
From	To			

NB: You will be advised where previous employers may need to be contacted.

Referees

Name	Position	Company	Contact Number
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Membership of trade/professional organisation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been convicted of any criminal offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, particulars:			
Are you on a prohibited list for working with children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Physical Record

Have you ever had a serious injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a serious illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you any deformity of physical impairment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your eyesight or hearing deficient in any way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any pre-existing injuries or illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied for worker's compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have answered yes to any of the previous physical record questions, please state particulars:		

TO BE READ AND SIGNED BY ALL APPLICANTS:

It is agreed and understood that:

1. Completing this application will in no way assure that I will be employed.
2. This application was completed by me; all entries on it and information in it are true and complete to the best of my knowledge and any misrepresentation of information given shall be considered an act of dishonesty and I understand that any falsification or misrepresentation herein could result in my discharge if I am employed. I will provide such information or documents that may be required to complete my employment file.
3. I hereby authorise the investigation of my previous record of employment to ascertain any and all information which may concern my record whether same is of record or not and I release my former employer from all liability for any damages in providing such information.
4. In the event of my leaving for any reason I authorise the Company to answer any and all enquiries as to my conduct and qualifications while working for the company, and reason for leaving.
5. I agree that whenever I leave, either voluntarily or involuntarily, I will return all company property. Otherwise, I understand the cost is to be paid by me via a deduction from my termination payment.
6. Where necessary, I understand that I will be required to complete a consent form to undergo a screening process if my work is likely to bring me into contact with children, in line with the Child Protection Legislation.
7. If required I consent to undertake a medical examination at the Company's expense and I authorise the release of any relevant information associated with any pre-existing condition/ailment to the Company, provided that such information is treated with sensitivity and confidentiality.
8. If offered employment I understand that my employment conditions are as expressed in the Policies, Procedures and Standard Conditions of Employment contained in the Workplace Management System Manual and summarised in the Workplace Handbook which will be issued to me on commencement of employment for acknowledgement and reference.
9. If my employment is covered by an employment agreement, I have familiarised myself with its terms and conditions. If employed, I agree to be bound by the terms of the employment agreement and after all pre-requisite legislative conditions have been met.
10. I hereby give permission for a personal security check, if required by another party in connection with the company's activities. Information obtained will not be released to anyone without my written permission on a separate release form that will detail the purpose for which the information was sought e.g. working with government departments.

Signature of applicant:

Date: