

APPLICANT SECTION

Position applied for: _____

First Name: _____ **Last Name:** _____

Preferred Name: _____

Address: _____

Home Phone: _____ **Mobile Phone:** _____

Email: _____

Training & Education:		
Certificate	Institution/Training Provider	Year Completed:

Are you currently undertaking study/training? (check one) Yes No

If yes, course/program name: _____

Check one: Full-time Part-time Distance Other

Previous Employment (most recent first)				
Employer Name:	Date (To/From)	Position Held	Reason for Leaving	Office Use (Checked):

May we check with these employers? 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:	POSITION HELD/WORKING RELATIONSHIP (EG: SUPERVISOR)	OFFICE USE CHECK:

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:

