**JOB APPLICATION FORM**

Position Applied For:

Applicant Name:

Residential Street Address:

State: City: \_\_\_\_\_\_\_ Post Code:

Contact Number: (Home)

(Work)

(Mobile)

Email Address:

Are you legally permitted to work in Australia? ❑ Yes ❑ No

**Education and Qualifications:**

|  |  |  |
| --- | --- | --- |
| **Year (Commenced/Completed)** | **School/College** | **Standards Attained or Qualification** |
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| Other Relevant Certificates, Qualifications, Trade Skills: Attach copies. | | |

**Employment History:**

Please start with your present or most recent employment and work backwards.

**Employment 1.**

Employer/Company Name:

Business Address:

Position Held:

Date of Employment (Commenced/Ceased):

Position Duties:

Reason for Leaving:

**Employment 2.**

Employer/Company Name:

Business Address:

Position Held:

Date of Employment (Commenced/Ceased):

Position Duties:

Reason for Leaving:

**Employment 3.**

Employer/Company Name:

Business Address:

Position Held:

Date of Employment (Commenced/Ceased):

Position Duties:

Reason for Leaving:

**Hours of Work:**

The nature of business requires that employees may be required to work overtime, in the evening, on weekends and/ or public holidays. Are you available to work outside the ordinary office hours?

Early Mornings ❑ Yes ❑No

Evenings/ Nights ❑ Yes ❑No

Weekends ❑ Yes ❑No

Public Holidays ❑ Yes ❑No

**Referees:**

Please provide the name and day telephone number of two (2) persons who are able to provide **work** related information and from whom a confidential reference may be obtained.

**Referee 1**

Name of Referee Position/ Company

Day Telephone Number

**Referee 2**

Name of Referee Position/ Company

Day Telephone Number

**Referee 3**

Name of Referee Position/ Company

Day Telephone Number

**Questions:**

1. Do you hold a current and valid Driver’s Licence? Yes ❑ No ❑

If yes, what is the class or classes of licence held?

1. Have you ever been convicted of any offence, including driving offences, in any Court or are you currently the subject of a charge pending in any Court? A criminal conviction will not necessarily be a barrier to consideration of your application for employment. The relevance of a conviction will depend on the nature of the conviction and the position applied for. *(This question should only be asked in limited circumstances and where a job related criteria is being assessed. eg- honesty with money may be a criteria for positions where staff have access to money. If the criteria for the position are not impacted by a person’s criminal history, then this question should be avoided.)*

Yes ❑ No ❑

If yes, please provide details:

1. Do you have any medical conditions or restrictions that would prevent you from carrying out the functions of the position applied for to the required standard? Disclosure of a medical condition or restriction will not necessarily be a barrier to consideration of your application. The relevance of any medical condition or restriction will depend on the nature of that medical condition or restriction and the position applied for. Applicants should include information on any medical condition or restriction that has arisen out of a previous workers compensation claim. Failure to disclose such information may jeopardise your right to workers compensation if a pre-existing injury is aggravated at work. Refer section 79 Workers Compensation and Rehabilitation Act 1981.

Yes ❑ No ❑

If yes, please provide details:

1. If successful in your application, when would you be available to commence employment? Please give an indicated starting date or time period required to commence if notified of being the successful candidate.

1. Is there any additional information you feel is relevant or would like to be considered in relation to your application?

**Declaration by Applicant:**

I understand that the Company will consider the above information supplied by me in coming to a decision as to who will be employed. I therefore acknowledge that the information provided in this application is true and correct and if I have provided false or misleading information in the application, it may be grounds for my dismissal if I were to be employed.

I consent to any necessary reference checks being carried out by the Company in relation to my application.

I agree to provide or obtain a Police Clearance, if requested.

I agree to participate in a medical examination, if requested to do so, by a doctor nominated by the Company and authorise disclosure of the results to the Company.

I, \_\_\_\_\_\_\_\_\_\_\_ <insert name> hereby declare that the information contained in this application is true and correct to the best of my knowledge.

Signature (Applicant) Date