

Application For Employment

HR23.1

PLEASE RETURN TO: PO BOX 1166, STRATHALBYN SA 5255

This application form is to be completed as accurately as possible and in the applicant's own handwriting. If the applicant cannot read English, a competent interpreter should translate the application. Please note that an understanding of English is required to perform duties applied for.

PLEASE PRINT YOUR ANSWERS.

APPLICANTS MUST ACCEPT THAT NO GUARANTEE OF EMPLOYMENT IS GIVEN BY THE COMPLETION OF THIS FORM

Personal Details

First Names:		Last Name:	
Address:			
Town:		Post Code:	
Postal Address:			
Town:		Post Code:	
Home Number:		Mobile Number:	
Email:			

Are you legally entitled to work in Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drivers Licence:		Expiry Date:

Position Applied For:	
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Are you seeking:	
<input type="checkbox"/> Full Time Employment	
<input type="checkbox"/> Part Time Employment.	<i>Preferred number of hours per week:</i>
<input type="checkbox"/> Casual Employment.	<i>Preferred number of hours per week:</i>

If requested, would you be able to work outside of normal rostered hours, given appropriate advance notice?			
<input type="checkbox"/> Yes	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> No

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If requested, would you be able to undertake country or interstate travel, given sufficient advance notice?

<input type="checkbox"/> Yes	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> No
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Will you agree to a National Police Check as part of the selection process?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please state reason(s) below:
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Have you ever received Worker's Compensation?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide details below:
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Do you have any physical disability, medical condition or any other condition that may affect your ability to perform the position as outlined in the position description?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide details below:
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Are there any other reasons that may affect your ability to perform the required duties?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide details below:
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Have you ever been discharged from employment?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide details below:
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Education			
Qualification	Name of Establishment	Level Achieved	Date Completed

Other relevant Qualifications/Abilities. <i>Eg. Language, Senior First Aid, etc.</i>

Employment History			
Have you previously work for this organisation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what position did you hold?			
Period From:		Period To:	

Previous Employment: <i>Beginning with present or most recent.</i>			
Period	Employer. <i>Complete name & Address.</i>	Your Position	Reason for Leaving

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Referees: Name, address & number for three (3) referees from whom confidential information may be obtained.

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Declaration by Applicant

I declare:	(a) That the answers to the foregoing are, to the best of my knowledge, true and correct in every instance.
	(b) That if my application for employment is successful I will be bound by, and will at all times, observe and respect, such terms and conditions of my employment and such policies and rules as may from time to time be implemented, specified or otherwise stipulated by my employer.
	(c) That I understand that any erroneous or false declaration made by me in this application may result in disciplinary action, including dismissal.

Signature of Applicant:	 	Date:	
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