

EMPLOYMENT APPLICATION DETAILS CONFIDENTIAL



Please fill in all areas

Attach your C.V.

FAMILY NAME:	FIRST NAME:
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DATE OF BIRTH:	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
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ADDRESS:

SUBURB:	POSTCODE:
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PHONE:	FAX:	MOBILE:
EMAIL:	BANK Details: BSB: Acct N: BANK:	
EMERGENCY CONTACT:		PHONE:

Were you born in Australia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, where were you born?		
Are you a permanent resident of Australia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you of Aboriginal or Torres Strait Islander origin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of Arrival in Australia:		

OCCUPATION:	INDUSTRY:	
Please tick which box best describes your proposed employment situation with our Company		
Working full time <input type="checkbox"/>	Working Part time <input type="checkbox"/>	Contractor <input type="checkbox"/>

What is your highest completed school level?	Please tick one.	
Year 12 <input type="checkbox"/>	Year 11 <input type="checkbox"/>	Year 10 <input type="checkbox"/>
Since leaving school have you completed a qualification?		
Please tick relevant box Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please specify:		

Do you have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes tick one:		
Physical <input type="checkbox"/>	Intellectual <input type="checkbox"/>	Visual <input type="checkbox"/>
Hearing <input type="checkbox"/>	Other <input type="checkbox"/>	Chronic Illness <input type="checkbox"/>
Have you made any Workcover Claims?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please give details:		

New Employee:

Manager:

Date:/...../.....