



# APPLICATION FOR EMPLOYMENT

Please read ALL questions carefully before answering, and check all answers before signing the declaration

<b>Personal Details</b>	Surname	First Name	Title
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street Address	Suburb	Post Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Home Telephone	Mobile Telephone	
<input type="text"/>	<input type="text"/>		
E-Mail Address	<input type="text"/>		
Are you an Australian Citizen/Resident?    If No, do you have a Working Visa    Visa Class			
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>	

<b>Position Details</b>	Position you are applying for	Date available to commence if successful
	<input type="text"/>	<input type="text"/> / /

## Employment History

<b>Current or Last Employer Name</b>	<input type="text"/>
Location of Employer	<input type="text"/>
Capacity in which employed	Full time <input type="checkbox"/> or Casual <input type="checkbox"/> or Part time <input type="checkbox"/> and hours of work
Period of Employment	/ / to / /
Reason for leaving	<input type="text"/>
Contact person for reference	Name <input type="text"/> Telephone Number <input type="text"/> Position <input type="text"/>
<b>Previous Employer</b>	<input type="text"/>
Location of Employer	<input type="text"/>
Capacity in which employed	Full time <input type="checkbox"/> or Casual <input type="checkbox"/> or Part time <input type="checkbox"/> and hours of work
Period of Employment	/ / to / /
Reason for leaving	<input type="text"/>
Contact person for reference	Name <input type="text"/> Telephone Number <input type="text"/> Position <input type="text"/>

Do you agree to us contacting the above Referees?    Yes     No

<b>Licenses, Certificates &amp; Endorsements</b>	Do you have a current Drivers License?	Expiry Date	Do you have your own transport?
	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> / /	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other License 1, e.g., Forklift, Truck etc	Expiry Date	Endorsed by
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Certificates, e.g., First Aid	Expiry Date	Endorsed by	
<input type="text"/>	<input type="text"/> / /	<input type="text"/>	

<b>Trade Certificates</b>	Trade Qualifications	Date Achieved	Institute Attended
	<input type="text"/>	<input type="text"/> / /	<input type="text"/>

<b>Education Details</b>	Last School Attended	Year Left	Standard Reached
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other Course /Studies Completed 1	Year Completed	Standard Reached
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other Course /Studies Completed 2	Year Completed	Standard Reached
	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Pre-Existing Injuries and/or Diseases</b>	Have you read the Job Description? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you understand the requirements of this position? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you have any pre-existing injuries or diseases that might be affected by the nature of the proposed employment?	
	<input type="checkbox"/> NO, I do not have a pre-existing injury or disease that might be affected by the nature of the proposed employment.	
	<input type="checkbox"/> YES, I do have a pre-existing injury or disease that might be affected by the nature of the proposed employment.	
	Date of injury/disease:	<input type="text" value="/ /"/>
Nature of injury/disease:	<input type="text"/>	
Place of employment where injury/disease occurred:	<input type="text"/>	
<p><b>If you do not disclose the above information, or if you make a false or misleading disclosure, then section 82(8) of the Accident Compensation Act will apply. If section 82(8) applies, then you will not be entitled to Workcover compensation for any recurrence, aggravation, acceleration, exacerbation or deterioration of the pre-existing injuries or diseases.</b></p>		

<b>Criminal Offence</b>	Have you ever been convicted of any criminal offences in the past 10 years? (Excluding lapsed convictions as defined under Commonwealth Crimes Act 1994) Yes <input type="checkbox"/> No <input type="checkbox"/>
	If YES, please give details of the nature of the offence, date, place of conviction and sentence imposed: <input type="text"/>

<b>Medical Examination</b>	To assist in determining your suitability for the position you have applied for, and to provide us with an adequate record of your physical condition, do you consent to a Pre-Placement Health Assessment as per our Policy? Yes <input type="checkbox"/> No <input type="checkbox"/>
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I declare that the above and overleaf information is true and to the best of my knowledge. I understand that false or incorrect information may disqualify me from employment.

Further, I agree to comply with Store Regulations in respect to submitting my bag to the Company Security Officers for inspection when required and acknowledge that payment of wages is by Electronic Funds Transfer.

Signed:  Date:

The information in this form is collected to assess your application for employment. In the event that your application is successful this application will form part of your employee record. Unsuccessful applications are usually destroyed, but we may keep your application on file if we believe you may be suitable for another position. If you wish to access your information please contact us.

**FOR OFFICE USE ONLY**

Qualified for position?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date to commence:	<input type="text" value="/ /"/>	Check Citizenship Section?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proposed Wage:	\$ .	Relevant Award:		Check injury/disease Section?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interviewed by:		Approved by:		Check Police Offences Section?	Yes <input type="checkbox"/> No <input type="checkbox"/>