

**Personal Details**

**Surname:** \_\_\_\_\_ **Given Name(s):** \_\_\_\_\_

**Address (Residential):** \_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Mailing Address (If Different From Above):** \_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Telephone (Work):** \_\_\_\_\_ **(Home or A/H):** \_\_\_\_\_

**Are you legally entitled to work in Australia?**  Yes  No

Status of residential :

**Person to contact in emergency (Name):** \_\_\_\_\_

(Telephone No.): \_\_\_\_\_ (Relationship): \_\_\_\_\_

Address (Residential): \_\_\_\_\_

**Position Sought**

**Position Applied For:** \_\_\_\_\_

**Are you seeking?**

- Full-Time Employment
- Part-Time Employment - **Preferred Number of Hours per Week:** \_\_\_\_\_
- Casual Employment - **Preferred Number of Hours per Week:** \_\_\_\_\_

**If applicable to the position, are you prepared to work weekends?**  Yes  No

**If requested, would you be able to work outside of normal hours given appropriate advance notice?**

- Yes
- Occasionally
- Rarely
- No

**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?**

**If yes, give details:**  Yes  No

\_\_\_\_\_

**Will you agree to undergo a medical examination as part of the selection process?**

- Yes
- No

**If no, please state reason(s):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any other reasons that may affect your ability to perform the required duties?  
If yes, give details:

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Have you had any criminal or civil actions taken against you?  Yes  No  
If yes, give details:

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### Education

<i>Qualification</i>	<i>Name of Establishment</i>	<i>Level Achieved</i>	<i>Date Completed</i>

Other Relevant Qualifications/Abilities (e.g. Driver’s Licences, Language, First Aid Certificate, Etc.):

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### Employment History

Have you previously worked for this organisation?  Yes  No

If yes, what position did you hold? \_\_\_\_\_

Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Employment (Beginning With Present or Most Recent):

<i>Date</i>	<i>Company</i>	<i>Location</i>	<i>Your Position</i>

**Name, Contact number and address of three (3) referees from whom confidential information may be obtained:**

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

Do you allow us to contact your referees prior to employment?

**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 the terms and conditions of my employment and policies / rules that may 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.
  - (d) that I understand if my application is successful my employment may be subject to a satisfactory medical report provided by a Medical Practitioner nominated by the employer. (Such examination will be paid for by the employer.)

**Signature of Applicant:** \_\_\_\_\_

**Date://** .

**For Office Use Only**

- Applicants Information Verified
- Referees Contacted
- Police Check re Driver Record if applicable
- Unsuccessful                       Hold for \_\_\_\_\_ months                       Interview

**Interview Date://**      **Time:**      **Location:** \_\_\_\_\_

**Interviewer:** \_\_\_\_\_

**Other Positions Applicant May Be Suitable For:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Personal Details Update Advice Record***

Advice Date	Details of new information	Received by: