# JOB APPLICATION FORM

**APPLICANT SECTION**

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| Position applied for: |

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| **Personal details** | | | |
| Name: | | Maiden Name: | |
| Preferred name: | | | |
| Address: | | | |
|  | | | |
| Telephone | Daytime: | | Mobile: |
| Email: | | | |

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| **Current qualifications** | | |
| Qualification title | Institution/training provider | Year completed |
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| Are you currently undertaking study/training?  (pick one) | | | | | |  | | Yes | |  | | No |
| If yes, course/program name: | | | | | | | | | | | | |
| (pick one) |  | Full time |  | Part time |  | | Distance | |  | | Other | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Previous employment (most recent first)** | | | | |
| Employer name/ establishment | Dates from/to | Position held | Reason for leaving | Office use check initial/date |
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| Do you agree to have references contacted in relation to this application? (pick one) | | |  | Yes |  | No |
| *(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential).* | | | | | | |
| Please provide details of three people who can speak on your behalf regarding your work history. | | | | | | |
| Name | Contact No. | Position held/working relationship  (e.g. supervisor) | | | Office use check initial/date | |
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| What type of work are you available for? (pick one) | Full time |  | Part time |  | Casual |  |
| When will you be available for work? | |  | | | | |

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| Please provide any other information that you identify as being pertinent to this application  (e.g. medical conditions, disabilities) |
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**Declaration**

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organization. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

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| Signed: | Date: |

**EMPLOYER SECTION**

**Confidential – reference checks** *for office use only*

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Reference name | Comments | Would re-employ? | | | | Initial | Date |
| Yes |  | No |  |
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| **Action** | |
| **Interview arranged for:** | |
| **Offer of employment made** | |
| Position: | |
| Letter of advice sent: | By: |
| Letter of appointment signed: | By: |
| Induction due on: | |
| Payroll details entered: | By: |
| Probationary period expires on: | |
| Notes | |
| **Application unsuccessful** | |
| Letter of advice sent: | By: |
| Application to be discarded on: | |
| Notes | |