

Relines Australia

APPLICATION FOR EMPLOYMENT CONFIDENTIAL

This application will only be processed when all questions are answered. Each applicant must accept that no guarantee of employment is given by the completion of this form.

DATE OF APPLICATION: _____

POSITION APPLYING FOR: _____

TYPE OF WORK YOU ARE SEEKING

Full time Part time Casual

AVAILABILITY

	Mon	Tues	Wed	Thru	Fri	Sat	Sun
TICK							

PERSONAL DETAILS

TITLE: MR/MRS/MS: _____ SURNAME OR FAMILY NAME: _____

FIRST NAME: _____ OTHER NAMES: _____

PREFERRED NAME: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POST CODE: _____

CONTACT NUMBER: Home: _____ Mobile: _____

EMAIL ADDRESS: _____ DATE OF BIRTH: _____

COUNTRY OF BIRTH: _____ NATIONALITY: _____

Australian Citizen YES NO

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP TO YOU: _____

DAYTIME CONTACT NUMBER: _____ MOBILE _____

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EDUCATION				
TYPE OF EDUCATION/TRAINING	WHERE? NAME OF ORGANISATION	COURSE OR TYPE OF STUDY UNDERTAKEN	DURATION From/to	COURSE RESULTS Completed/not completed
SECONDARY				
UNIVERSITY				
TAFE/COLLEGE				
OTHER EDUCATION/ TRAINING ORGANISATION				

EMPLOYMENT HISTORY	
<u>MOST RECENT POSITION</u>	
COMPANY: _____	
ADDRESS: _____	
POSITION HELD: _____	FROM: _____ TO: _____
REASON FOR LEAVING: _____	
KEY RESPONSIBILITIES: _____	
CONTACT REFERENCE: _____	NUMBER: _____
COMPANY: _____	
ADDRESS: _____	
POSITION HELD: _____	FROM: _____ TO: _____
REASON FOR LEAVING: _____	
KEY RESPONSIBILITIES: _____	
CONTACT REFERENCE: _____	NUMBER: _____
COMPANY: _____	
ADDRESS: _____	
POSITION HELD: _____	FROM: _____ TO: _____
REASON FOR LEAVING: _____	
KEY RESPONSIBILITIES: _____	
CONTACT REFERENCE: _____	NUMBER: _____

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SKILLS AND ABILITIES

Are there any other skills/experience or qualifications you consider relevant to the position you are applying for?

Membership/Associations (position held): _____

Language skills: _____

OTHER INFORMATION

Are you aware of any circumstances which might adversely affect your employment with the organisation? (eg Criminal convictions, limitation of movement, physical impairment etc)

YES NO

If yes, please give details:

OTHER PROFESSIONAL/PERSONAL REFEREES

NAME: _____ NAME: _____

COMPANY: _____ COMPANY: _____

POSITION: _____ POSITION: _____

CONTACT #: _____ CONTACT #: _____

DECLARATION OF APPLICANT

I DECLARE:

That the above information is true and correct and I understand that any false declaration (or deliberate omission of information) made by me in this application subjects me to instant dismissal.

I authorise Relines Australia to conduct reference checks to support this application and releases the company and referees from any liability caused by giving and receiving information

SIGNATURE OF APPLICANT: _____ DATE: _____