

APPLICATION FOR EMPLOYMENT

PRIVATE & CONFIDENTIAL				
Return this form to: Shannon Pratten	Ref. no:			
Position applied for:				
Surname:	Given name(s):		Title:	
Address:				
State:				
Postcode:				
Telephone number (landline):				
Telephone number (mobile):				
Email address:				
I identify as being of Aboriginal or To Islander descent?	rres Strait	○ Yes	○ No	
Current driving licence?		○ Yes	○ No	
Licence Number:		Conditions:		
Licence class:		Expiry date: /	I	
Are there any restrictions on you taki up employment in Australia? (If yes, please provide details)	ng	○ Yes	○ No	
Education history Schools:		Qualifications gained	l:	
Colleges/Universities		Qualifications gained	l:	
Other training:		Qualifications gained	l:	



Employment history

(Please complete in full listing your three most recent employers)

1.	Name of employer:		
	Address of employer:		
	Job title and duties:		
	Start salary:	Finish salary:	
	Reason for leaving:		
	Notice required in current role:		
2.	Name of employer:		
	Address of employer:		
	Job title and duties:		
	Start salary:	Finish salary:	
	Reasons for leaving:		
3.			
3.	Name of employer:		
3.	Name of employer: Address of employer:		
3.			
3.			
3.	Address of employer:		
3.	Address of employer:		
3.	Address of employer:	Finish salary:	
3.	Address of employer: Job title and duties:	Finish salary:	
3.	Address of employer: Job title and duties: Start salary:	Finish salary:	
3.	Address of employer: Job title and duties: Start salary:	Finish salary:	
3.	Address of employer: Job title and duties: Start salary:	Finish salary:	
3.	Address of employer: Job title and duties: Start salary:	Finish salary:	
3.	Address of employer: Job title and duties: Start salary:	Finish salary:	
3.	Address of employer: Job title and duties: Start salary:	Finish salary:	
3.	Address of employer: Job title and duties: Start salary:	Finish salary:	
3.	Address of employer: Job title and duties: Start salary:	Finish salary:	



Cur	rent membership of professional bodies	
Please note any professional bodies you are a member of or are registered with.		
Oth	er employment	
	ase note any other employment you would continue with if you were to be successful in obtaining position.	
Ref	erences	
	ase note the names and addresses of two persons from whom we may obtain both charatcter and k experience references.	
1.	Name:	
	Address:	
	Known in the capacity of	
	(i.e. Manager/teacher/personal)	
2.	Name:	
	Address:	
	Known in the capacity of:	
	(i.e. Manager/teacher/personal)	
Crir	ninal record	
Plea	ase note any criminal convictions. If none, please state. In certain circumstances, employment is endent upon obtaining a satisfactory National Police Check and/or Working with Children Check.	



Gene	ral comments
Decla	ration
(Pleas	se read this carefully before signing this application)
1.	I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2.	I agree that the employer reserves the right to require me to undergo a medical examination. I understand that should the employer require further information and wish to contact my doctor with a view to obtaining a medical report, the employer will inform me of their intention and obtain my permission prior to contacting my doctor. In addition, I agree that this information will be retained on my personnel file during employment and for up to six years thereafter.
3.	I agree that should I be successful in this application, I will, if required, apply for a National Police Check and/or Working with Children Check. I understand that should I fail to do so, or should the check not be to the satisfaction of my employer, any offer of employment may be withdrawn, or my employment terminated.
Signe	d: Date: / /