



## APPLICATION FOR EMPLOYMENT

### PRIVATE & CONFIDENTIAL

Return this form to: \_\_\_\_\_ Ref. no: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number (landline): \_\_\_\_\_

Telephone number (mobile): \_\_\_\_\_

Email address: \_\_\_\_\_

Current driving licence? ☐ Yes ☐ No

Details of licence: \_\_\_\_\_ Conditions: \_\_\_\_\_

Licence class: \_\_\_\_\_ Expiry date: / /

Are there any restrictions on you taking  
up employment in Australia? ☐ Yes ☐ No  
(If yes, please provide details)

### Education history

Schools: \_\_\_\_\_ Qualifications gained: \_\_\_\_\_

Colleges/universities \_\_\_\_\_ Qualifications gained: \_\_\_\_\_

Other training: \_\_\_\_\_ Qualifications gained: \_\_\_\_\_



## Employment history

*(Please complete in full listing your most recent employment first and use a separate sheet if necessary)*

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**1.** Name of employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Job title and duties: \_\_\_\_\_  
Start salary: \_\_\_\_\_ Finish salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Notice required in current role: \_\_\_\_\_

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**2.** Name of employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Job title and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Start salary: \_\_\_\_\_ Finish salary: \_\_\_\_\_  
Reasons for leaving: \_\_\_\_\_

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**3.** Name of employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Job title and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Start salary: \_\_\_\_\_ Finish salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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**4.** Name of employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Job title and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Start salary: \_\_\_\_\_ Finish salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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### Current membership of professional bodies

Please note any professional bodies you are a member of or are registered with.

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### Other employment

Please note any other employment you would continue with if you were to be successful in obtaining this position.

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### References

Please note the names and addresses of two persons from whom we may obtain both character and work experience references.

1. Name: 

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Contact Number: 

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Email Address: 

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Known in the capacity of 

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*(i.e. Manager/Education)* 

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2. Name: 

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Contact Number: 

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Email Address: 

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Known in the capacity of: 

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*(i.e. Manager/Education)* 

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### Leisure

Please note your leisure interests, sports and hobbies, other pastimes etc.

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### Criminal record

Please note any criminal convictions. If none, please state. In certain circumstances, employment is dependent upon obtaining a satisfactory National Police Check and/or Working with Children Check.

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Please detail here your reasons for this application, your main achievements to date and strengths you would bring to this role. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the position/job advertisement).

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**General comments**

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**Declaration**

*(Please 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.

Signed: \_\_\_\_\_ Date:    /    /

