

Application for Employment Form



ATTACHED DOCUMENTS:	Resume or CV:	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Other	Y <input type="checkbox"/>	N <input type="checkbox"/>

POSITION APPLIED FOR

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DATE AVAILABLE TO COMMENCE WORK

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PERSONAL DETAILS

Surname:	DOB:
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Given Names:	Phone:
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Address:
Post Code:

Mobile:	Email:
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NATIONALITY

Are you an Australian Citizen?	yes <input type="checkbox"/>	no <input type="checkbox"/>
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If "no" have you been granted permanent residency?	yes <input type="checkbox"/>	no <input type="checkbox"/>
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If "no" have you been granted a temporary Visa/Work Permit?	yes <input type="checkbox"/>	no <input type="checkbox"/>
If 'yes' provide details		

EDUCATION & QUALIFICATIONS

Year from/to	Name of School/University	Qualification Achieved

EMPLOYMENT HISTORY

Name of Employer	Position Held	Dates to/from

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ADDITIONAL INFORMATION

Please add any other information relevant to the position, eg membership of professional bodies, first aid certificates, etc

EMERGENCY CONTACT

Name:	Mobile:
Relationship:	Phone:
Address:	
Post Code:	
Family Doctor:	Phone:

REFEREES

Referee #1 – Name:	
Relationship to self:	
Position:	
Employer:	
Contact numbers:	
Referee #2 – Name:	
Relationship to self:	
Position:	
Employer:	
Contact numbers:	
Referee #3 – Name:	
Relationship to self:	
Position:	
Employer:	
Contact numbers:	

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DRIVING

Driver's License Number:
Expiry Date:
Number of at fault accidents in last 3 years:
Number of demerit points accumulated:

HEALTH

Are you aware of any injury, disease, disability or other condition (medical or otherwise), or is there any other reason that may* :

- Prevent you performing the position applied for; or
- Interfere with you fulfilling your responsibilities in that position; or
- Result in a risk to your health and safety, or that of others at work; or
- That Interchange should be made aware of, so that it can fulfill its own duty of care to its employees and customers; or
- Require special workplace modifications for you to perform the position applied for, e.g. wheelchair

yes no

If you answered "yes" please give details

Have you ever had a worker's compensation claim for personal injury?*

yes no

If you answered "yes" please give details

** Disclosure of a medical condition or restriction does not necessarily exclude an applicant from employment.*

Section 79 of the Western Australian Worker's Compensation and Injury Management Act 1981 gives a dispute resolution body discretion to refuse to award compensation which would otherwise be payable where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for an injury, willfully and falsely represented himself as not having previously suffered from the injury.

DECLARATION BY APPLICANT

- I declare that the above information and any additional information provided by me in support of this application for employment with Interchange is correct
- I acknowledge that if I knowingly provide information which is untrue, this may result in a withdrawal of any offer of employment or my employment with Interchange will be reviewed with the possibility of termination.
- I consent to any reference checks which may be necessary to support this application.

Signature of Applicant _____

Date _____

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