



EMPLOYMENT APPLICATION FORM

SURNAME:

GIVEN NAME(S):

ADDRESS:

P/CODE:	PHONE:	MOBILE:
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PERSONAL INFORMATION:

DATE OF BIRTH :	MARITAL STATUS:
AGE: <i>(Optional)</i>	CHILDREN:
SEX:	COUNTRY OF BIRTH: <i>(Optional)</i>

EDUCATION / EXPERIENCE:

EDUCATION:
QUALIFICATIONS:

PREVIOUS EMPLOYMENT DETAILS:

EMPLOYER	DATE COMM.	POSITION	DATE TERM.	REASON FOR LEAVING

May we Contact the above Employers Yes / No

MEDICAL:

Are there any details, or things we should know, which are relevant to your application or may affect your performance in the role you are applying for? Yes / No

Workcover claims: Yes / No

Details

SECURITY CHECK:

May of our clients require us to obtain a DCSI clearance for staff. If it applies to your site are you prepared to agree to such a check? Yes / No

BANK DETAILS:

A/C. NAME:	TAX FILE NO.:																			
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BSB NUMBER:																				
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POSITION APPLIED FOR:

POSITION:	WORK SITE:	DATE AVAIL:
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CLEANING EXPERIENCE:

VACUUM	YES / NO	TOILETS	YES / NO
POLISH MACHINE	YES / NO	DUSTING	YES / NO
SCRUBBERS	YES / NO	WET MOP	YES / NO
OTHER MACHINES	YES / NO	DUST MOP	YES / NO

OTHER:

GENERAL INFORMATION & AUTHORISATION:

Are you legally able to work in Australia *Yes / No*

Please show Birth Certificate, Passport, Australian Citizenship, work visa, etc. Document Inspected: *Yes / No*

Any information given by me in this application is true and correct and I am aware that any false or misleading information given by me will lead to instant dismissal.

I have fully read and understand all the above in this application.

Date

Name

Signature

In the case of an emergency, who may we contact?

Name: _____

Relationship: _____

Phone: _____

CONDITIONS OF EMPLOYMENT

I agree that if my application for employment is accepted

- I agree to abide by all safety regulations, wear suitable clothing and footwear and to properly use safety equipment.*
- I will work regularly work shift work, week -ends, public holidays and overtime as required by the company.*
- I will abide by all company rules and regulations as presently in force, and as amended from time to time in future.*
- The company is granted permission to check references and to verify my previous employment and quality of work*

I understand that I am on probation for Six months and that if I have not performed my duties and not followed company policies satisfactorily this job offer may be withdrawn.

Full Name _____

Signature _____

Date

Address : _____