Application for employment

A picture containing drawing

Description automatically generated

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| PRIVATE & CONFIDENTIAL | | | |
| Return this form to: Owen Rogers by email to ceo@lifeskillsplus.com.au | | | 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?  *(If yes, please provide details)* | | ○Yes | ○No |
|  | | | |
|  | | | |
| **Education history** | | | |
| Schools: | | Qualifications gained: | |
|  | |  | |
|  | |  | |
| Colleges/universities: | | Qualifications gained: | |
|  | |  | |
|  | |  | |
| Other training: | | Qualifications gained: | |
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| --- | --- | --- | --- |
| Employment history *(Please complete in full your most recent employment first and use a separate sheet if necessary)* | | | |
| **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: | |
|  | Reason for leaving: | | |
|  |  | | |
| **3.** | Name of employer: | | |
|  | Address of employer: | | |
|  |  | | |
|  | Job title and duties: | | |
|  |  | | |
|  |  | | |
|  | Start salary: | Finish salary: | |
|  | Reason for leaving: | | |
|  |  | | |
| **4.** | Name of employer: | | |
|  | Address of employer: | | |
|  |  | | |
|  | Job title and duties: | | |
|  |  | | |
|  |  | | |
|  | Start salary: | Finish salary: | |
|  | Reason for leaving: | | |
|  |  | | |
| **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 and phone: | | |
|  | Address: | | |
|  |  | | |
|  | Known in the capacity of: | | |
|  | *(i.e. Manager/Education)* | | |
| 2. | Name and Phone: | | |
|  | Address: | | |
|  |  | | |
|  | Known in the capacity of: | | |
|  | *(i.e. Manager/Education)* | | |
| **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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| **Declaration** | | | |
| (Please read this carefully before signing this application) | | | |
| 1. | I confirm that the above information is complete and correct and that any false or misleading information will give my employer the right to terminate my employment without notice. | | |
| 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: / / |