

Have you ever claimed workers compensation? Yes No

Do you have any physical disability or medical condition that would affect your ability to do the job?
Yes No

If yes give details:

Have you any prior police convictions? Yes No

If yes please give details:

Are you prepared to allow a police check to be conducted? Yes No

PREVIOUS EMPLOYMENT HISTORY

EMPLOYER	POSITION	CONTACT PERSON	TELEPHONE

DETAILS OF 3 REFEREES

NAME	POSITION	TELEPHONE

When are you able to start? _____

Signed: _____ Date: _____

(Applicant)

PLEASE ATTACH A CURRENT COPY OF YOUR RESUME

****PLEASE NOTE THAT YOUR APPLICATION WILL BE KEPT ON FILE FOR 3 MONTHS IF A POSITION BECOMES AVAILIABLE DURING THIS TIME WE MAY CONTACT YOU FOR AN INTERVIEW. ALL DETAILS OF THIS APPLICATION WILL REMAIN CONFIDENTIAL****

OFFICE USE ONLY

	Name	Position	Date
Referees Noted by:			
Previous employment history checked by			