



DATE : \_\_\_/\_\_\_/\_\_\_

## APPLICATION FORM

### PERSONAL DETAILS

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Preferred title e.g. Mr Mrs Miss Ms (please circle)

Other names by which you are known: \_\_\_\_\_

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

Postcode: \_\_\_\_\_ Telephone: (H) \_\_\_\_\_ (M) \_\_\_\_\_

Are you a permanent resident of Australia? \_\_\_\_\_ If no your work permit number: \_\_\_\_\_

Do you hold a valid Drivers Licence? \_\_\_\_\_ Drivers Licence No \_\_\_\_\_ Car \_\_\_\_\_

### PREFERRED POSITIONS AND AVAILABILITY

1<sup>ST</sup> POSITION APPLIED FOR: \_\_\_\_\_

2<sup>ND</sup> POSITION APPLIED FOR: \_\_\_\_\_

#### AVAILABLE DAYS FOR WORK

TIMES	MON	TUE	WED	THU	FRI	SAT	SUN
AM							
PM							

### EDUCATION

School/College/University/Professional Institute Name Country	From	To	Standard Attained/ Qualifications Gained

### EMPLOYMENT HISTORY

Please provide details of previous positions held for the past five years, commencing with most recent position. All time must be accounted for, including periods of unemployment.

Company Name & Address	Period of Employment From (date) To	Position Held	Reason for Leaving

## REFERENCES

Provide details of three referees (not relatives)

Name	Position	Address	Telephone

Do you grant the company permission to check references listed, and to verify previous employment details, including quality of work, and attendance? \_\_\_\_\_

## GENERAL INFORMATION

(Please write in the space provided "Yes" or "No")

- Have you ever been arrested, prosecuted or charged in respect of any offence under any Act?

\_\_\_\_\_

If yes, please provide details. \_\_\_\_\_

- To the best of your knowledge and belief, are you of sound health?

\_\_\_\_\_

If no, please provide details. \_\_\_\_\_

- Have you had any major illnesses or accidents in the last 5 years? \_\_\_\_\_

If yes, please provide details. \_\_\_\_\_

- Have you ever claimed Workers' Compensation for any reason? \_\_\_\_\_

If yes, please provide details. \_\_\_\_\_

## NEXT OF KIN

Person to notify in case of an emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

## DECLARATION

1. I understand that any misrepresentation of facts in this application could be cause for termination if employed.
2. I understand that part of the application procedure may involve a background check of past and present employer's and by signing the below I authorise Chefnet Pty Ltd to conduct these checks.

I \_\_\_\_\_ hereby declare that the information contained in this application is to the best of my knowledge true and correct at the time of completing this form.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_