

KURANDA FOODWORKS APPLICATION FOR EMPLOYMENT

It is a condition of employment that you produce either a Birth Certificate, current Passport or an Australian Citizenship Certificate.

Mr / Mrs	First Names	Surname		Date of Birth (optional unless aged under 21 yrs)	
Miss / Ms	Address		Suburb	State	Post Code
Home Telephone		Mobile		Drivers Licence No.	
Postal Address:					
E-Mail Address:					

PERSONAL DETAILS

EMERGENCY CONTACT DETAILS

Name	Address	Telephone:
		Home:
		Work:

EDUCATION – If Resume is supplied, please do not complete this section

Secondary School Attended	Dates		Level Achieved
	From	To	

FURTHER EDUCATION / TRAINING – If Resume is supplied, please do not complete this section

Institution Attended	Dates		Type of Training / Qualification Attained
	From	To	

Proof of training, qualifications or membership of professional associations listed above may be required.

EMPLOYMENT RECORD – Commence with your latest position first.

Company Name	Phone Number	Dates		Reason for Leaving	Reference Check
		From	To		
1.					Yes / No
2.					Yes / No
3.					Yes / No
4.					Yes / No

Have you ever claimed Workers Compensation with a previous employer? YES / NO. If YES state particulars of claim.

DATE	NATURE OF CLAIM	PERIOD OFF WORK

Medical History

Do you suffer from any illness, disability or had any previous back injuries that may affect your ability to carry out the inherent requirements of the job? YES / NO. If YES give details

Have you ever been convicted of a criminal offence other than Traffic Offences. YES / NO If YES state particulars.

I hereby consent to a police records check being conducted to verify this information.

DECLARATION

I confirm that the information given on this form is, to the best of my knowledge, true and complete. I acknowledge that any false statement or omission will be sufficient cause for rejection or, if employed, summary dismissal. I have provided evidence that I am qualified to work in Australia.

I understand that my employment offered by FoodWorks Supermarkets Group Ltd will be on a Probationary Basis for the first three (3) months.

Print name

Signature

Date

OFFICE USE ONLY

Position Offered _____ Payroll No. _____

FULL TIME PART TIME CASUAL TEMP

Award Employee Salary Employee

Starting Date _____ Office Location _____

Interviewed by _____ Position _____

Birth Certificate sighted Passport Australian Citizenship Certificate

I verify that I have sighted evidence of the above:

Signature

Date