## Employment Application Form (Example)

This form must be fully completed by the employee/contractor.

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| **Personal Information** | **Title: Mr □ Mrs □ Ms □ Miss □ Other:** |
| **Name:** |  |
| **Position:** |  |
| **Location (if applicable):** |  |
| **Date of Birth:** |  |
| **Start Date:** |  |

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| **Contact Information:** | | | | | |
| **Street Address:** |  | | | | |
| **Suburb:** |  | **State:** |  | **Postcode:** |  |
| **Home Phone:** |  | **Mobile Phone:** | |  | |
| **Email Address:** |  | | | | |
| **Emergency Contact:** |  | **Relationship:** | |  | |
| **Contact Numbers Home** |  | **Work:** | |  | |

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| **Financial Information:** | | | | | | | | | | | |
| **Tax File Number:** | |  | | | | | | | | | |
| **Bank Name:** | |  | | | **Branch:** | | | | |  | |
| **Name on Bank Account:** | |  | | | | | | | | | |
| **BSB:** | |  | | | **Account Number:** | | | | |  | |
| **Residency:** | | **You must be legally able to work in Australia to be consider for employment.** | | | | | | | | | |
| **Are you a Permanent Resident or Citizen of Australia?** | | | | | | **Yes □** | | | **No □** | | |
| **If no, what type of Visa do you hold?** | | | | | |  | | | **Expiry Date:** | | |
| **Availability: Our business involves working weekend, late nights, and public holidays** | | | | | | | | | | | |
| **Monday** | **From** | | **am** | **To** | | | **pm** | **OR** | | | **Anytime □** |
| **Tuesday** | **From** | | **am** | **To** | | | **pm** | **OR** | | | **Anytime □** |
| **Wednesday** | **From** | | **am** | **To** | | | **pm** | **OR** | | | **Anytime □** |
| **Thursday** | **From** | | **am** | **To** | | | **pm** | **OR** | | | **Anytime □** |
| **Friday** | **From** | | **am** | **To** | | | **pm** | **OR** | | | **Anytime □** |
| **Saturday** | **From** | | **am** | **To** | | | **pm** | **OR** | | | **Anytime □** |
| **Sunday** | **From** | | **am** | **To** | | | **pm** | **OR** | | | **Anytime □** |

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| **Medical:** | |
| Do you have any medical conditions that would or could prevent you from performing the occupational requirements of the position you are applying for? If you are uncertain, please request a job description.  YES □ NO □ If Yes, please provide details: | |
|  | |
| **Collection and Privacy:** | |
| Our business collects your personal information needed to process your application for employment. Should your application for employment be successful this information may also be used directly in accordance with the Privacy Act, in relation to the employment relationship. If you fail to provide any information requested in relation to your application for employment, we may not be able to process your employment application. Your information will not be disclosed to any other person, body, or agency unless.   * you have given us permission. * it is authorised or required by law. * or it meets one of the other exceptions in the Privacy Act. | |
| **Declaration - Making a false statement can result in termination of employment** | |
| I hereby declare that the information provided in this document is true, complete, and correct to the best of my knowledge. I understand that if the information provided is found to be false, dishonest, or fraudulent and I am hired based on that information, that I may be summarily dismissed from employment. | |
| **Signature:** | **Date:** |