

Job Application Form

Date Applied	
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Surname	Given Names	Preferred Name

Address	Suburb	Post Code

Contact Details

Home	Mobile	Business

Position Applied for (Tick or specify where applicable)

Bus Driver	Clerk	Mechanic	Cleaner	Other (Please specify)

Drivers Licence / Authority Details

Licence Number	Licence Class	Licence Expiry
Driver Authority Number	Driver Authority Type	Driver Authority Expiry

Do you have any physical disability or medical condition which would affect your ability to perform duties associated with the applied position? If yes, give details.

Are you at present or have you in the last 5 years been on workers compensation? If so, give details.

Date of Injury	Type of Injury	Name of Employer & Insurance Company

Education

List any trade qualifications or special courses undertaken which may be relevant to the position applied for.

Course Name and or Qualification	Year Completed	Certificates Provided

Are you prepared to undergo a medical examination at this company's expense? (Please Tick)

Yes	No

Employment History

Employers Name	Position Held	Date Started	Date Finished	Reason for Leaving

Please list any other relevant experience.
1.
2.
3.

Please list names and addresses of three referees from whom confidential reports may be obtained. (Do not list relatives).

Name	Occupation	Contact No

Applicants are required to read the statements below and confirm their understanding of each statement by ticking the box for each respective statements.

I declare that the information provided in this application is correct and completed to the best of my knowledge.

I accept as a condition of my employment that any incorrect or misleading information provided in my application for employment may result in the termination of my position.

I accept that should I be granted a position with Premier Illawarra, then the first three months of my employment will be deemed as a probationary period. During this period, my performance will be assessed and continued employment beyond this period will be determined by management.

I acknowledge that should I be granted a casual or part time position, transfer to full time employment is subject to my performance and the discretion of management.

Signed

Date