

EMPLOYMENT APPLICATION FORM

PERSONAL DETAILS

PLEASE USE BLOCK LETTERS

TITLE: (Mr/Mrs/Ms/Miss)

SURNAME: _____ GIVEN NAMES: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POST CODE: _____

PHONE NUMBERS: HOME: () _____ MOBILE: () _____

EMAIL: _____

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____

TELEPHONE NO: _____ MOBILE NO: _____

REFERENCES:

PLEASE GIVE AT LEAST (2) REFERENCES OF PEOPLE WHO MAY BE CONTACTED REGARDING YOUR APPLICATION

	BUSINESS REFERENCE 1	BUSINESS REFERENCE 2	PERSONAL REFERENCE
NAME:	_____	_____	_____
ORGANISATION:	_____	_____	_____
POSITION:	_____	_____	_____
PHONE NO:	_____	_____	_____

DISCLOSURE

We require this information to assess your suitability for employment with the prospective employer. This information is confidential and will not be disclosed to any unrelated party.

No	Question	Yes	No
1	Have you previously worked in a retail position?		
2	Do you have any team lead/management experience?		
4	<p>Only answer the question if you answered "Yes" to Have you previously worked in a retail position? above: Please indicate the length of your retail experience*</p> <p><input type="checkbox"/> 0-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5+ years</p>		
5	<p>Only answer this question if you answered "No" to Have you previously worked in a retail position? above: Please list the transferable skills you have gained during your career and how they relate to the position you are applying for*:</p> <p>_____</p> <p>_____</p>		
6	<p>Have you been dismissed from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes why : _____</p> <p>_____</p>		

