



Job Application Form

Position applying for:	
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CONTACT & PERSONAL DETAILS

First name:		Last name:	
Gender:	Male / Female	Date of birth:	
Home phone:		Mobile:	
Address:			
Suburb:		State:	
		Postcode:	
Email:			
Are you vaccinated against Covid 19?	Yes <input type="checkbox"/> Please provide copy of certificate		No <input type="checkbox"/>

What is your mode of transport to work?	Car <input type="checkbox"/> Public transport <input type="checkbox"/> Other(specify) <input type="checkbox"/>
Are there any factors that we should be aware of that may limit your ability to perform certain duties or constrain your availability? Eg Medical - unable to lift heavy objects due to back injury or Student - can only work weekends	

VISA & RESIDENCY STATUS

Are you an Australian Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If no, are you a Permanent Resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Do you have a Working Visa?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Expiry Date:	
Any Visa restrictions?				
Nationality as shown on Passport*:		Passport No:		

* A photocopy of your passport is required

EDUCATION

Are you currently a student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details of your course*:		

* A photocopy of your Student ID is required

AVAILABILITY

When are you available to start?		
Are you available to work public holidays?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What times are you available to work? (Please write start and finish times for each day of week)	Monday	From: To:
	Tuesday	From: To:
	Wednesday	From: To:
	Thursday	From: To:
	Friday	From: To:
	Saturday	From: To:
	Sunday	From: To:

PREVIOUS EMPLOYMENT

Have you had previous retail experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of previous employer:		
Length of time you were employed there:		
Position you held:		
Outline of duties:		
Reason for leaving:		
Referee name and contact number:		

SUBMISSION

Applicant signature:		
Date submitted:		
Resume attached to application form:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OFFICE USE ONLY

Management Notes	
Signed / Date:	