

Application for Employment

CONFIDENTIAL INFORMATION

Please print clearly

A. APPLICANT INFORMATION

Position: _____

Family Name: _____ Preferred Title: (Circle one) Mr Mrs Miss Ms

All Given (First) Names: _____ Preferred First Name: _____

Address: _____ P Code: _____

Phone No: _____ Mobile: _____

If a non-resident, do you hold a current Australian Work Permit? Yes No (If Yes, please attach a copy of the permit or Visa)

Driver's Licence No: _____ Expiry Date: _____ State: _____

B. EMPLOYMENT HISTORY **Please list in order from the last position held** **CARE SHOULD BE TAKEN WHEN COMPLETING AS ALL DETAILS WILL BE VERIFIED**
Please complete all details and attach your resume

Name and Location of Company	Position Held	Start Date Month/Year	End Date Month/Year	Reason for Leaving
			-	
			-	
			-	
			-	
			-	

Do you have any criminal convictions for the offences of fraud, theft, dishonesty, violence or driving offences and / or other such convictions that are relevant to the position for which you are applying? Yes No If yes, state details.

Do you have any medical condition that may affect your performance and / or your ability to perform in this position? Yes No
If yes, state details.

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C. REFEREES

Please provide details of **two confidential referees** whom a representative from Simply Showers may contact to verify details of your previous employment.

Referee name	
Company Name	Position he/she holds/held
Your position at the time	Relationship to you (ie immediate manager)
Contact phone numbers (1)	(2)

Referee name	
Company Name	Position he/she holds/held
Your position at the time	Relationship to you (ie immediate manager)
Contact phone numbers (1)	(2)

I hereby authorise Simply Showers or its subsidiaries to interview my nominated referees and record comments regarding my suitability for employment.

I understand and accept the process of reference checking as being part of standard recruitment procedures and practices and that all information received will be treated in confidence.

Signature of Applicant: _____ Date: _____

Education/Skills Detail Form

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PERSONAL DETAILS

Surname: _____ Given Name(s): _____

Preferred First Name: _____ Work Telephone Number: _____

Work Location: _____ Position: _____

D. EDUCATION HISTORY

Instructions:

- (i) Please tick any box that corresponds to the level of education you have completed and the year of completion.
Note: You may need to tick more than one box.
- (ii) Please list the details of the qualification/s received.
- (iii) **Attach a copy** of the diploma, certificate or other evidence of the qualification to this form.

Secondary

School Certificate (or equivalent) or Higher School Certificate / VCE (or equivalent)

Tertiary

Degree Level: Undergraduate Postgraduate*

*If postgraduate, please indicate level:

Graduate Certificate Graduate Diploma Masters Doctorate

Qualification Details

Qualification Name/s:

Major/s:

Name of Educational Institution: Date Obtained.....

TRAINING COURSES

Instructions:

- (i) Provide details of any training courses you have completed.
- (ii) Please list in order from the last course completed
- (iii) **Attach copies** of certificates or other evidence of completion.

Name of Training Provider	Course Name	Duration (days)	Year attended

Part 2 of 2

OTHER QUALIFICATIONS/MEMBERSHIPS

Instructions:

- (i) Please provide details of any other relevant qualifications you hold. Examples include holding a forklift license, First Aid Certificate, CPA and JP.
- (ii) Please **attach copies** of the licenses/qualifications.

Licence / Certificate Name	Level (if applicable)	Year attained	Renewal Date (if applicable)

- (iii) Please list other **organisations/institutions** of which you are a current member i.e. Army Reserve, SES, Rural Fire Brigade

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LANGUAGES

Do you speak or write a language other than English? Yes No

If yes, please list each language and tick the boxes as appropriate to indicate your ability to either speak or write in that language. Then indicate your level of ability based on the scale provided

First Language (please list):

Ability to speak this language: Basic Intermediate Advanced

Ability to write this language: Basic Intermediate Advanced

Second Language (please list):

Ability to speak this language: Basic Intermediate Advanced

Ability to write this language: Basic Intermediate Advanced

DECLARATION

I declare that to the best of my knowledge the above information, and that submitted in any attached documentation, is true and correct.

Applicant Signature: **Date:**

ADDITIONAL INFORMATION / NOTES