

EMPLOYMENT APPLICATION FORM

Personal Details	
Given Name:	Surname:
Preferred Name:	
Address:	
Mobile No.	Home No:
E-Mail:	
Are you an Australian Citizen / Permanent Resident?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you have a vehicle to travel to and from work?	No <input type="checkbox"/> Yes <input type="checkbox"/>
<p>Please list all pre-existing injuries and diseases which might be affected by the nature of the proposed employment or may impact on your capacity to perform the inherent tasks in a safe manner.</p> <hr/> <hr/> <hr/>	
<p>Slattery may require you to agree to undergo a medical examination to assess your capacity to perform the inherent requirements of the job. The medical may involve testing for evidence of use of drugs and alcohol. Do you consent to an independent medical examination?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>	
<p>Have you ever been charged or convicted with any criminal or traffic offence? If yes, give details of each offence:</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <hr/> <hr/> <hr/>	
Area of Interest: Please indicate the type of role/s you are interested in	
<input type="checkbox"/> Valuer <input type="checkbox"/> Insolvency <input type="checkbox"/> Business Development <input type="checkbox"/> Recoveries <input type="checkbox"/> Marketing	<input type="checkbox"/> Auction Yardhand <input type="checkbox"/> Administration <input type="checkbox"/> Finance <input type="checkbox"/> Operations

Qualifications: Please list all relevant qualifications

Licence Information

Do you hold a current Driving Licence issued in this state?

No

☐

Yes

☐

Licence No.

Expiry:

/

/

Licence Class:

Do you hold a Forklift Driver's Licence in this State?

No

☐

Yes

☐

Licence No.

Expiry:

/

/

Do you have a white card?

No

☐

Yes

☐

Other Details

Please note your notice period:

What type of work will you be available for

Full Time

☐

Part Time

☐

Casual

☐

Previous Employment

Employer

**Dates
To/From**

Position

Reason for Leaving

I declare that to the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment.

Signed: _____

Date: _____

OFFICE USE ONLY

Received Date:

Received By: