



JOB CENTER CONSULT & AGENCY

PERSONAL INFORMATION

FULL NAME:

DATE OF BIRTH:..... NATIONALITY

SPOKEN LANGUAGE:.....

ID TYPE : A. Passport B. Drivers license C. Voters ID D. National ID

ID NUMBBER:.....GENDER: MALE/ FEMALE AGE.....

MARITAL STATUS.....

NAME OF SPOUSE:.....

RELIGION:

RESIDENCE:.....

CONTACT INFORMATION FOR CORRESPONCE

POSTAL ADDRESS :	
EMAIL:	
PHONE NUMBER :	
LANDMARK:	
STREET NAME	SUBURB
HOUSE NUMBER	CITY/TOWN

AREA OF INTEREST

1.....

2.....

3.....

4.....

5.....

6.....



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EDUCATIONAL BACKGROUND

A. JUNIOR HIGH SCHOOL

SCHOOL :

NAME OF AWARD :

FROM: MM.....YR.....

TO : MM..... YR.....

B. SECONDARY EDUCATION

SCHOOL:

COURSE OFFERED :

FROM: MM.....YR.....

TO: MM..... YR.....

C. TERTIARY EDUCATION

SCHOOL :

FROM: MM.....YR

TO: MM..... YR.....

LAST WORKING PLACE

NAME OF ORGANIZATION:

ADDRESS:

CONTACT:

POSITION HELDS:

PERIOD: FROM:

TO:

REASONS FOR LEAVING:

REFREE'S NAME

REFREE'S CONTACT



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WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated

It is my understand that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization .I understand and agree that, if hired; my employment will be at will in nature and may be terminated, with or without cause, at any time, by either myself or employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

Certification of truth and accuracy

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Notification and authorization to conduct background investigation

I understand that I may be subject to a background check, and hereby authorize (**EMPLOYED HR CONSULT**), to investigate my background to determine any and all information of concern as to my record, whether same is of record or not and I release employers and persons named in my application from all liability for any damages on account of his /her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, and criminal records through and investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment.

I sign to this that every information I have provided is true including all documents attached and therefore accept full responsibility when it appears untrue and bears the full punishment that comes with it.

Name

Date:.....

Signature

MANAGERS NAME

SIGNATURE

DATE