

## Employment Application Form

**Personal Details:**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Title:  Mr  Miss  Mrs  Ms  Dr

Date of Birth: \_\_\_\_\_

Australian Citizen:  Yes  No

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Drivers Licence:  Yes  No

No#: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

**Employment History (List last job first)**

Job/Position	Business/Employer	Supervisor	Start – End Date	Salary/ Hourly Rate	Reason for leaving

**Business and Personal Memberships:**

\_\_\_\_\_

**Sport and Recreational Interests (Hobbies):**

\_\_\_\_\_

**Availability/Unavailability:**

\_\_\_\_\_

**Educational Background** (Evidence of attainments/success may be required eg. Certificates)

Level	School/City	Start (Month to Year) to Finish (Month to Year)	Subjects/Awards
Primary			
Secondary			
Tertiary			
Other			

**Other current Licenses/Qualifications:**

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Applying for a particular job advertised?  Yes  No \_\_\_\_\_

Are you looking for:  Full Time  Part Time  Casual

**What type of work and why?**

- IGA** (Checkouts, Shelf Packing, Produce, Deli, Deliveries etc)
- Service Stations** (Console Operator/Driveway Attendant)
- Administration** (Reception, Accounting, Banking etc)
- Liquor**  **Mitre 10/Hardware /Rural**
- Department Store**  **Café**
- Deliveries** (Truck Driver, Fuel Deliveries, Grocery Deliveries etc)

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**What are your reasons for applying for a position with Hastings Co-op?** \_\_\_\_\_

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## Employment References

Name	Business Name	Position	Contact Number
1.			
2.			

Questions	NO	YES	Applicable Details if YES
Have you ever received Workers Compensation or Work Care Benefits under a sickness or accident policy? (optional)			
Have you ever lost any days because of sickness over the last two years? (optional)			
Do you have any physical condition or disability which may preclude your ability to perform or limit the particular job for which you are applying? (optional)			
Have you ever been arrested or convicted of a crime? (optional)			
Do you have any objection to inquiries of your present employer regarding qualifications and character?			
Do you have any objection to us seeking verification and additional information to any matter within this application?			
Do you consent to us seeking a Probity Check (i.e. A formal investigation check into you background)			
Have you ever worked for Hastings Co-operative Ltd in the past?			

## Applicants Agreement

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY;  
THEY CONSITUTE THE CONDITIONS UNDER WHICH YOU MIGHT BE EMPLOYED.

1. The information that I have provided on this application and other attachments supplied, is accurate to the best of my knowledge and subject to validation.
2. I authorise the persons, schools, current employer (if approved by me the in employment history section) and other organisations or employers named in this application to provide any relevant information that may be required to arrive at an employment decision.
3. I understand that:
  - Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or if employed, termination from employment.
  - Although management makes every effort to accommodate individual preferences, business needs frequently make the following conditions mandatory: overtime, shift work, a rotating work schedule and work schedules other than Monday through to Friday. I understand and accept these as conditions of my continuing employment.
  - A medical examination may be required. (Results will be held in confidence by us except where release of such information is required by law). Also, when certain medical restrictions relate to an individuals ability to perform a job or series of jobs, those restrictions will be communicated by me to personnel or management.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

***\*Please note applications, resumes and any certificates are electronically filed. Please don't attach original documents\****