

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 |
|--------------|-------------------|------------|------------------|------------------------|--------------------|
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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:

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 etc)
- Service Stations** (Console Operator/Driveway Attendant)
- Administration** (Reception, Accounting, Banking etc)
- Deliveries** (Truck Driver, Fuel Deliveries, Grocery Deliveries etc)
- Liquor** **Mitre 10/Hardware /Rural**
- Department Store** **Juice Bar/Cafe**

What are your reasons for applying for a position with Hastings Co-op? _____

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 your 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****