



Application Form

For Your Information

Any information gathered as part of the recruitment process will be used for recruitment purposes only and will not be distributed to any third party. All information gathered will be kept confidential.

Work Information Request

Position applied for: _____ When are you available to start? _____

Notice required: _____ Preferred work option (circle): Full Time/Part Time/Casual

Location: _____

Hours you are available to work

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Are you available to work during school holidays? YES/NO

Personal Information

First Name		Surname	
Address			
Mobile Number		Email address	
Do you hold a current Australian driver's licence?	YES/NO		
Driver's License Number		Expiry Date	
Are you an Australian Citizen?	YES/NO		
If no, what is your residency status?	Permanent / Temporary		
Type of Visa		Expiry Date	

Please note that we require to confirm current working rights prior to any confirmation of employment. We will require documentary evidence to conduct the necessary checks and confirm current working rights in Australia. Documentary evidence can include a Passport or Birth Certificate with a photo ID.

Employment History

List most recent first

Company	Position Held	Dates of Employment	Reason for Leaving

Education

Institution	Course	Level Achieved	Date Completed

Employee References

Referee Name	Company	Referee Position	Contact details

Other Skills and Achievements

Please list other skills or achievements which may assist you with your application (i.e. computer skills, awards and achievements)

Details

Capacity to Work Declaration

Are you over the legal minimum working age?	YES/NO
Date of Birth (Under 21 year old only)	
Can you meet the requirements of shift work?	YES/NO
Our business hours are Monday – Sunday shift work. Occasionally you may be required to attend a breakfast or evening event, but we will provide plenty of notice.	

This Position is subject to a clear police report
Do you consent to a National Police Criminal Check?

YES/NO

To assist Coastal Residential Service Inc provide a safe work environment for its employees and prevent injuries from recurring, we need to be aware of any pre-existing injury or disease which may affect your capacity to safely perform your duties. You may be required to perform tasks of the following nature:

- Manual handling (e.g. lifting, pushing, carrying and pulling heavy items)
- Standing and/ or sitting for long/ short periods

This may not automatically make you ineligible for the position with our organisation. We are not asking you to disclose that you have claimed compensation in the past.

Are there any conditions which you believe may prevent you from performing the requirements of the role you are applying for, or you believe we should be aware of? **YES / NO**

If yes, please provide details

If an existing injury or disease has been declared, a medical examination may be required if it is considered that the medical condition may be exacerbated by the duties of a particular position.

Application Declaration

I declare that the information supplied in my resume and within the Employment Application Form is true and correct to the best of my knowledge. I understand that providing false, misleading or non-disclosure of information may result in future disciplinary action, which may result in termination of employment. I authorise for my referees to be contacted.

Full Name:

Signature:

Date:
