

Personal References:

Provide 3 personal references including name, contact numbers and relationship to you (e.g colleague, teacher etc)

Name	Contact Number	Relationship
1		
2		
3		

General Questions:

Questions	Answers
Do you have any pre existing medical condition(s) that may affect work for which you have applied? <i>(Answer no if not applicable, provide details if answer is yes, attach extra page if insufficient space)</i>	
Do you suffer from any back, neck, shoulder or knee complaints? <i>(Answer no if not applicable, provide details if answer is yes, attach extra page if insufficient space)</i>	
Are you required to take any medication which may affect your work performance or your attendance at work? <i>(Answer no if not applicable, provide details if answer is yes, attach extra page if insufficient space)</i>	
Have you ever made a workers compensation claim? <i>(Answer no if not applicable, provide details if answer is yes, attach extra page if insufficient space)</i>	
Do you have a criminal record? <i>(Answer no if not applicable, provide details if answer is yes, attach extra page if insufficient space)</i>	
Do you hold a current drivers licence? <i>(Answer no if not applicable, provide details if answer is yes, attach extra page if insufficient space)</i>	
Has your drivers licence ever been cancelled or suspended? <i>(Answer no if not applicable, provide details if answer is yes, attach extra page if insufficient space)</i>	
Have you ever applied for a position at Supabarn before? <i>(Answer no if not applicable, provide details if answer is yes, attach extra page if insufficient space)</i>	
Have you worked for Supabarn previously? <i>(Answer no if not applicable, provide details if answer is yes, attach extra page if insufficient space)</i>	

Times Available to Work:

Monday	From:		To:	
Tuesday	From:		To:	
Wednesday	From:		To:	
Thursday	From:		To:	
Friday	From:		To:	
Saturday	From:		To:	
Sunday	From:		To:	

Employment History:

Current or most recent employer:

Date of Employment	From:	/ /	To:	/ /
Position Held				
Employers Name				
Employers Phone Number				
Do you agree for us to contact your current/ most recent employer?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving?				

Previous Employer/s: (please list last 3 employers only)

Employer 1

Date of Employment	From:	/ /	To:	/ /
Position Held				
Employers Name				
Employers Phone Number				
Reason for leaving?				

Employer 2

Date of Employment	From:	/ /	To:	/ /
Position Held				
Employers Name				
Employers Phone Number				
Reason for leaving?				

Employer 3

Date of Employment	From:	/ /	To:	/ /
Position Held				
Employers Name				
Employers Phone Number				
Reason for leaving?				

Declaration:

I, _____, declare the above statements and information provided to be true and correct. I understand that any deliberately false, misleading or incomplete statements may lead to my dismissal, if employed.

I, _____, give this company permission to conduct the relevant reference checks and obtain the required information from past employers and or other relevant parties. I understand that this will be done in an ethical and legal manner and will not compromise my current employment situation.

Applicants Signature:

DATE: ____/____/____

Important Note: This company is an EEO (Equal Employment Opportunity) employer and does not discriminate against any current or future employee. If you feel that at any stage this company or a representative of this company has discriminated against you, we encourage you to seek the appropriate legal advice.

For Office Use Only:

Applicants Identification: (the following forms of I.D are acceptable: driver's licence, passport, proof of age card or birth certificate).

ID Sighted	Yes / No
ID Type	
ID Number	
Date of Birth	/ /

Personal Referee Checks:

	Referee	Comments
1		
2		
3		

Employment History Checks:

	Employer	Comments
Current/ Most recent		
Previous Employer 1		
Previous Employer 2		
Previous Employer 3		

Application Form Checked By:

Date:

Application:

/	/		
Approved	<input type="checkbox"/>	Denied	<input type="checkbox"/>

Comments:
