

EMPLOYMENT APPLICATION



_____ x _____

What store(s) would you like to work at? _____

Full Name: _____ Date: _____

Address: _____

Deets:

Home Phone: _____ Mobile: _____

Email: _____

List your highest School Qualification & Tertiary Qualification:

School Qualification: _____ Year: _____

Tertiary Qualification: _____ Year: _____

List below any other relevant training like Food Safety or First Aid:

_____ Year: _____

List your last 2 previous jobs with the most recent first:

1. Company: _____
Position: _____
Dates from _____ to _____
Responsibilities: _____
Reason for leaving: _____

2. Company: _____
Position: _____
Dates from _____ to _____
Responsibilities: _____
Reason for leaving: _____

Please list a minimum of two checkable references:

1. Name: _____
Title or relationship: _____
Phone: _____
Email: _____
2. Name: _____
Title or relationship: _____
Phone: _____
Email: _____

Please list any injuries or illnesses that may affect working duties?

How many hours a week would you ideally like?

Please circle: Kitchen In-Store

What days/hours can you work? Please circle:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

General Knowledge: Short answers below please:

1. What is the round brush attached on a vacuum cleaner for?

2. Is the fruit Orange name Orange because it is Orange, or is the colour Orange named Orange because it is the same colour as the fruit Orange?

3. Who would win a fight between Batman and Superman?

4. What came first, the chicken or the egg and explain why.

Final Declaration:

I _____ consent to Habitual Fix seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to Habitual Fix for ascertaining my suitability for the position for which I am applying. I understand the information received by Habitual Fix is supplied in confidence and will not be disclosed to me.

I declare that to the best of my knowledge the information provided in this application and in my resume is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed my employment may be terminated.

I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement or any compensation from ACC.

Name: _____

Signature: _____

Date: _____