

## MAN-FM-E1.1

### Application for Employment

**SURNAME:** .....**Date of Birth:**.....

**GIVEN NAMES:** .....**Preferred Name:**.....

**ADDRESS:** .....**Postcode** .....

.....**Phone No:**.....

**TITLE OF POSITION APPLIED FOR**

.....

**EDUCATION**

Year	Name of School or College	Level achieved

**QUALIFICATIONS**

Year	Description	Institute	Completed

**OTHER SKILLS**

.....

.....

**EMPLOYMENT HISTORY**

Name of Past Employers:	From:	To:	Position	Reason for Leaving

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## Application for Employment

**REFEREES**

Name of Person	Professional /Personal	Phone Number
1.		
2.		
3.		

**AVAILABILITY TO WORK**

	YES	NO		YES	NO		YES	NO
<b>Weekdays</b>			<b>Weekends</b>			<b>Public Holidays</b>		
<b>Daytime</b>			<b>Evenings</b>			<b>Nights</b>		

Have you made any previous claims for Workers Compensation?  YES  NO If so please give details:

.....  
 .....

Have you read the relevant Position Description ?

YES  NO

Do you have any Medical or Physical Condition which may affect your performance of this job?

YES  NO If so please give details:

.....  
 .....

I hereby agree that all the information I have given is true and correct.

**Applicants Signature:** .....

**Dated:** .....