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| **SECTION 1 - YOUR DETAILS** |
| Position Applied For: |  | Date of Application: |  / /  |
| Name: |  |
| Email Address: |  |
| Address: |  |
|  | Postcode: |
| Phone: |  | Mobile: |
| Please provide your date of birth. Note: where under 21 years of age, junior rates may apply. | \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |

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| **SECTION 2 - RIGHT TO WORK DETAILS** |
| Are you an Australian or New Zealand permanent resident or citizen? |  | Yes |  | No |
| Proceed to Section 3 | Complete this section |
| Visa Type: |  | Expiry Date: |  / /  |
| How many hours per week does your Visa allow you to work? |  |
| If you are a foreign resident, how long do you intend to stay in Perth? |  |

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| **SECTION 3 - AVAILABILTY** |
| Availability to Commence: |  / /  |
| Please indicate the days and times you are able to work: |
| **Day** | **Start** | **Finish** |
| Monday (NB: FurBaby is NOT Open) |  |  |
| Tuesday (NB: FurBaby is NOT Open) |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

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| **SECTION 3 - AVAILABILTY** |
| Please indicate the amount of hours you are willing to work in a 7 day period: |
|  | Up to 4 hours |  | Less than 10 hours |
|  | 10 to 20 hours |  | 21 to 30 hours |
|  | 31 to 37 hours |  | Full Time |
| What is the MINIMUM amount of hours you are willing to work: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **SECTION 4 - EMPLOYMENT HISTORY** |
| **Current/Previous Position:** |  |
| From: | \_\_\_\_\_\_/\_\_\_\_\_\_ (mm/yy) | To: | \_\_\_\_\_\_/\_\_\_\_\_\_ (mm/yy) |
| Company Name: |  |
| Address/Location: |  |
| Telephone: |  |
| Name & Position of Supervisor: |  |
| Duties & Responsibilities: |  |
| Reason for Leaving: |  |
| May we contact? |  Yes:  |  No: | Why? |
|  |
| **Previous Position:** |  |
| From: | \_\_\_\_\_\_/\_\_\_\_\_\_ (mm/yy) | To: | \_\_\_\_\_\_/\_\_\_\_\_\_ (mm/yy) |
| Company Name: |  |
| Address/Location: |  |
| Telephone: |  |
| Name & Position of Supervisor: |  |
| Duties & Responsibilities: |  |
| Reason for Leaving: |  |
| May we contact? |  Yes:  |  No: | Why? |
| **SECTION 4 - EMPLOYMENT HISTORY** |
| **Current/Previous Position:** |  |
| From: | \_\_\_\_\_\_/\_\_\_\_\_\_ (mm/yy) | To: | \_\_\_\_\_\_/\_\_\_\_\_\_ (mm/yy) |
| Company Name: |  |
| Address/Location: |  |
| Telephone: |  |
| Name & Position of Supervisor: |  |
| Duties & Responsibilities: |  |
| Reason for Leaving: |  |
| May we contact? |  Yes:  |  No: | Why? |
|  |
| **Previous Position:** |  |
| From: | \_\_\_\_\_\_/\_\_\_\_\_\_ (mm/yy) | To: | \_\_\_\_\_\_/\_\_\_\_\_\_ (mm/yy) |
| Company Name: |  |
| Address/Location: |  |
| Telephone: |  |
| Name & Position of Supervisor: |  |
| Duties & Responsibilities: |  |
| Reason for Leaving: |  |
| May we contact? |  Yes:  |  No: | Why? |

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| **SECTION 5 - EDUCATION DETAILS** |
|  | **School/College & Location** | **Duration of Studies** | **Degree/Certificate** |
| Secondary |  |  |  |
| Tertiary |  |  |  |
| Professional |  |  |  |
| Training Courses |  |  |  |
| **SECTION 5 - EDUCATION DETAILS** |
| Other Trade Skills |  |  |  |
|  |  |  |  |
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| **SECTION 6 - PROFESSIONAL REFERENCES** |
| **Contact Name** | **Company Name & Location** | **Employment Relationship** | **Telephone Number** |
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| **SECTION 7 - MEDICAL DECLARATION** |
| Do you have any past or current medical condition which may affect your performance in the role applied for, or which may be aggravated or worsened by the duties of the role? |
|  Yes:  | No: - If yes, please describe in detail: |

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| **SECTION 8 - WARRANTY** |
| I hereby affirm that all information given by me (including this form and any attached resume) is true and complete and that I have not knowingly withheld any circumstances or facts that would, if disclosed, affect my application. I understand that any false or misleading information I provide may lead to rejection of my application and potentially, dismissal from any employment I accept. |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date:  |