

1. DETAILS OF PERSON MAKING THIS APPLICATION

First name:	Last name:	D.O.B	/	/
Phone:	Mobile:	E-mail:		
Address:				
City:		State:	Postcode:	
Date Available	<input type="checkbox"/> Immediately	<input type="checkbox"/> Other(Please Specify)		
Job Type Preference	<input type="checkbox"/> Permanent Full Time hours per week)	<input type="checkbox"/> Permanent Part Time	<input type="checkbox"/> Contract	<input type="checkbox"/> Casual(How many

2. WORK AVAILABILITY

	Morning 6am – 3pm	Afternoon 3pm – midnight	Evening overnight
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Hours	<input type="checkbox"/>	University Hours	<input type="checkbox"/>

3. POSITION APPLIED FOR

Container Unloading	<input type="checkbox"/>
Pick/Pack	<input type="checkbox"/>
Forklift Operator	<input type="checkbox"/>
Reach Fork Operator	<input type="checkbox"/>
Warehousing	<input type="checkbox"/>
General Storeperson	<input type="checkbox"/>
Process Work	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>
Other (Please specify)	

4. PLEASE ANSWER THE FOLLOWING QUESTIONS

Do you have access to your own vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a current Vic Drivers License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you live close to public transport?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a criminal offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you made a workcover claim in the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any disability/injury or sickness which may effect your ability to perform the duties that you have applied for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		
Are you an Australian Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, are you authorised to work in Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What type of visa do you hold?		
What is your visa Number?		
What is the expiry date of your visa?		

5. QUALIFICATIONS

Please provide details of any qualifications, including certificates, tickets and licenses, that you currently hold.

Name of Certificate/Ticket/License	Date Completed	Expiry Date (if applicable)

Other relevant training course you have completed.

Name of Course	Name of Trainer	Year Completed

6. CURRENT EDUCATION

Please provide details of any training or further education you are currently undertaking.

Name of course	Name of Trainer	

7. PREVIOUS EMPLOYMENT

Name of employer	Period of work (from – to)	Position/s held

8. REFERENCES

Company Name	Contact Person	Telephone Number

- **I certify that my answers are true and complete to the best of my knowledge.**
- **I understand that Teamwork Oz may at any time perform a Police check on me.**
- **If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.**

Signature:	Date: dd / mm / yyyy
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