

ABN 85 545 841 830



Application Form

Instruction for Managers

1. Form is to be given to applicants prior to an interview.
2. Information used for the recruitment process only.
3. Form shredded if not employing or filed on staff file.

Instruction for Applicant

1. Complete as part of your application.
2. Provide the form to the Manager or Staff Member.

For Your Information

The information within the Application will be used only for Recruitment Processes and will be distributed to the Manager. Applications will be kept confidential.

Work Request Information

First Name:	_____	Last Name:	_____
Preferred Position:	_____	Preferred Work option: (Please tick)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual
Other Positions you would consider:	_____ _____	Availability to Work: (Please tick)	<input type="checkbox"/> Every day including shift work <input type="checkbox"/> Week days only <input type="checkbox"/> Weekends only <input type="checkbox"/> Day time only <input type="checkbox"/> Other – please specify: _____
When can you start work?	_____	Hours you are Available:	_____

Personal Information

Contact Details:	Are you an Australian Citizen?	Yes / No
Home Number: _____	If not, what is your current residency status?	Permanent / Temporary
Mobile Number: _____		Type of Visa: _____
Email Address: _____		Expiry Date: _____

Ipswich Jets Rugby League Football Club Inc

ABN 85 545 841 830

Employment History

Please list most recent position first:

Dates (Start and End Dates)	Position Held	Organisation	Referee, Position and Contact Number

Education

Institution	Date From	Date To	Course	Level Achieved

Other Skills and Achievements

Please list other skills which may assist you with your application (i.e. computer skills, awards and achievements)

Details

Capacity to Work Declaration

Are you over the legal minimum working age? Date of Birth (Junior Positions Only) / /	Yes / No
Can you meet the requirements of start and finish times of shifts?	Yes / No
Due to Occupational Health and Safety requirements, do you have any condition that will cause you to be absent from the workplace for prolonged periods of time and/or pose a significant risk to others? If yes, state details:	Yes / No
Do you have any condition that will, in any way, hinder your current or future ability to perform the position for which you have applied? If yes, state details:	Yes / No
Do you have a criminal record that may, in any way, hinder your future ability to perform the position for which you have applied? If yes, state details:	Yes / No

Applicant Declaration

I certify that the information supplied in my resume and within this Employment Application is true and correct to the best of my knowledge. I understand that false, misleading or non-disclosure of information may result in future disciplinary action including termination of employment. I authorise for my referees to be contacted.

Name: _____

Signature: _____

Date: _____