



# EMPLOYMENT APPLICATION FORM

NAME: ..... DATE: ...../...../.....  
(First) (Middle) (Surname)

RESIDENTIAL ADDRESS: ..... PH: .....  
..... POSTCODE: .....

POSTAL ADDRESS (if different from above): .....  
..... POSTCODE: .....

EMAIL ADDRESS: .....

DO YOU: Own Rent Buy Board For How Long: .....

AGE: ..... DATE OF BIRTH: ...../...../..... SEX: ..... NATIONALITY: .....

MARITAL STATUS: ..... NUMBER OF DEPENDANTS: .....

IF APPLICABLE, WHERE IS SPOUSE EMPLOYED: .....

CURRENT DRIVERS LICENCE # ..... HELD FOR HOW LONG: .....

POSITION APPLIED FOR: ..... DATE AVAILABLE FOR EMPLOYMENT:.....

## **EXPERIENCE**

ARE YOU PRESENTLY EMPLOYED?..... (If no, how long since your last employment?).....MTHS / YRS

COMPANY / POSITION:.....

HOW MANY POSITIONS HAVE YOU HELD IN THE PAST FIVE (5) YEARS?.....

(Please complete the following information of the last 3 positions you have held, beginning with the most recent)

NO	COMPANY. NAME & ADDRESS	DATES	TYPE OF WORK	REASON FOR LEAVING

**NOTE:** IF YOU PREFER US NOT TO TALK WITH YOUR PRESENT EMPLOYER OR ANY OTHER, PLEASE MARK WITH A \* BESIDE THEIR NAME.

**EDUCATIONAL QUALIFICATIONS**

STANDARDS ATTAINED: ..... YEAR COMPLETED: .....

SCHOOL: .....

OTHER QUALIFICATIONS: ..... YEAR COMPLETED: .....

SCHOOL: .....

**PERSONAL PARTICULARS**

DO YOU OWN A CAR? YES / NO (If YES, please give details)

MAKE: ..... MODEL: ..... YEAR: .....

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HAVE YOU EVER BEEN INVOLVED IN ANY DRIVING CHARGES? YES / NO

(If YES, please give details) .....

HAVE YOU EVER BEEN CHARGED UNDER ANY ACT WITH AN OFFENCE? YES / NO

(If YES, please give details) .....

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WHAT IS YOUR CONDITION OF HEALTH? VERY GOOD GOOD FAIR POOR

HAVE YOU GOT ANY MEDICAL CONDITIONS / PRE-EXISTING AILMENTS? YES / NO

(If YES, please give details) .....

HOW MUCH TIME OFF HAVE YOU HAD FOR ILLNESS IN THE PAST 3 YEARS?.....

(Please give details) .....

.....

**REFERENCES**

NO.	BUSINESS	TYPE OF BUSINESS	ADDRESS	PHONE NO.
1				
2				
3				

  

NO.	PERSONAL	POSITION	ADDRESS	PHONE NO.
1				
2				
3				

NAME OF ANY 'OGR' STAFF KNOWN TO YOU:

.....

.....

COMMENTS:

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APPLICANTS SIGNATURE: .....

In signing this application it is understood that any misrepresentation will be sufficient cause for the immediate termination of my services