

CANDIDATE APPLICATION FORM

Interview Date/...../.....

Date of Birth/...../.....

Personal Details:

Family Name..... First Name(s).....

Home Address..... Contact Phone No.

.....P/Code Mobile Phone No.

E-mail Job Seeker ID No.

Do you want payslips & payment summaries sent by e-mail to your e-mail address? Yes No
 (if you select 'no' then the payslips & payment summaries will be mailed to your home address)

Emergency Contact: Name Relationship Phone No

Transport..... Licences Held (e.g. Car, LF, MR)

Days Available for Work (please circle) Weekdays / Weekends / Ongoing / Temporary

Hours Available (e.g. 7.30 – 4.00) Days / Dates Unavailable

Taxation Details:

Superannuation Fund

Tax File Number

Account Number

Colinvest.....

Incolink.....

**Office use only.
Checked By:**

Banking Information:

Bank Name (e.g. NAB, CBA) Account Name

BSB Number (min 4 digits, max 6) Account Number (max 9 digits)

Employment History: (Last 5 years or last 3 Employers)

Employer's Name	Your Job (list some duties)	Reason for Leaving	Length of Employment
1.			
2.			
3.			

Referees:

Name of Referee	Company Name	Contact Phone No.
1.		
2.		

Drug and Alcohol Screening

Some of our clients may require that persons placed with them are subject to random drug and/or alcohol tests. If this applies, do you consent to undertaking such tests? Yes No

Pre-existing Injuries and Diseases

In signing this form you acknowledge that you will advise us of any pre-existing injuries and diseases that may be affected by any proposed employment offered to you and provide details of same.

Please note: Any recurrence, aggravation, acceleration, exacerbation and deterioration of the pre-existing injury or disease resulting from the proposed employment will not entitle you to compensation where you have failed to disclose or have made a false or misleading disclosure.

Candidate's Signature

Date