



APPLICATION FOR EMPLOYMENT

Supa IGA is an equal opportunity employer.

Position applied for:..... Date:.....

Other preferences:.....

Full time Part time Casual Hrs/Week
required:.....

List any specific times not available:.....

Available to commence from:.....

PERSONAL DETAILS

Name:.....
Surname Given Names

Home Address:.....Postcode.....

Postal Address:.....Postcode:.....

Telephone: (Home)..... (Mobile).....

Email Address:.....

Do you have a Driver's License: Yes / No

Other current licenses/tickets held:

..... Expiry date:

Current First Aid Certificate: Yes No Type:..... Expiry
date:

EMPLOYMENT DETAILS

(Please commence with most recent employer first)

EMPLOYERS NAME & ADDRESS	POSITION HELD	DATES OF EMPLOYMENT	REASON FOR LEAVING

Do you object to us contacting your previous employers concerning your employment with them? Yes/
No

EDUCATIONAL QUALIFICATIONS

NAME AND LOCATION OF SCHOOL, COLLEGE OR UNIVERSITY	DATES (FROM/TO)	LEVELS ACHIEVED/ CERTIFICATE AWARDED
Are you currently studying? Yes / No If so, where?.....		
Course title:		

QUESTIONS	NO	YES	Applicable details if YES
Do you suffer from any serious illness, disease or disorder?			
Do you have any physical condition or disability which may preclude your ability to perform or limit the particular job for which you are applying?			
Have you ever been convicted of a crime?			
Do you have any objection to inquiries of your present employer regarding qualifications and character?			
Do you have any objection to us seeking verification and additional information to any matter within this application?			

APPLICANT'S AGREEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AS THEY CONSTITUTE THE CONDITIONS UNDER WHICH YOU MIGHT BE EMPLOYED.

1. The information that I have provided on this application is accurate to the best of my knowledge and subject to validation
2. I authorise the persons, schools, current employer (if approved by me in the Employment History section) and other organisations or employers named in this application to provide any relevant information that may be required to arrive at an employment decision.
3. I understand and agree that:
 - Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or if employed, termination of employment and may affect any future Workcover claims.
 - Although management makes every effort to accommodate individual preferences, business needs frequently make the following conditions mandatory: overtime, shift work, a rotating work schedule and work schedules other than Monday through to Friday. I understand and accept these as conditions of my continuing employment
 - A medical examination may be required. (Results will be held in confidence by us except where release of such information is required by law. Also, when certain medical restrictions relate to an individual's ability to perform a job or series of jobs, those restrictions will be communicated to Personnel or Management.)



4. If under 18, I have my parent/guardian's consent.

Applicant's Signature:

Date:

Parent/Guardian's
Signature (if under 18):.....

Date: