

EMPLOYMENT APPLICATION

Position applied for:	
Are you legally entitled to work in Australia:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Personal Details			
Name:			
	first name	middle name	surname
Address:			
		State:	P/code:
Phone Number:		Mobile Number:	
Email address:			

Education, licences, qualifications, certificates, competencies, etc		
Details (including institution)	Achieved	Expiry (if applic)

Previous employment details	
Current Employer:	
Employment duration:	
Position:	
Duties completed:	
Reason for leaving:	
Previous Employer:	
Employment duration:	
Position:	
Duties completed:	
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Employment duration:	
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Duties completed:	
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Conditions of employment

Due to the many varying tasks to be performed in the position vacant a full medical history of any conditions which may restrict your ability to carry out your duties needs to be noted in this section of the application.

Do you have any Medical or physical disabilities?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, provide details
Would you voluntarily submit your WorkCover Claims History?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Would you undertake a Medical Examination if offered the position?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Referees

Please give name, address and phone numbers of two referees from whom confidential reports may be obtained.

All Persons used on this application may be contacted in reference to your application. Do you have any objections to this being undertaken?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name	Position	Phone Number/s				
1.						
2.						

Important Information and Declaration

By signing you indicate your explicit consent to CPM to process your personal data, including sensitive personal data, for the purposes of considering your Employment Application. You also certify that all information you have given is true, complete and accurate and acknowledge that if any information you have given is incorrect, incomplete or misleading, this may lead to withdrawal of any offer of employment or dismissal without notice if you have commenced work.

Applicant's Signature:		Date:	
Interviewing Officer:		Date:	