



131 Main Street, Stawell 3380 Ph: 03 5358 1550 Fax: 03 5358 1011
 52A McLachlan Street, Horsham 3400 Ph: 5382 5801 Fax: 03 5382 5280
 15 Dawson Street South, Ballarat 3350 Ph: 03 5364 2955 Fax: 03 5364 2911

Office Use Only
Candidate No: _____
Entered: _____

Personal & Employment Information

Have You Ever Been With A Job Services/Job Network Provider?

Job Services Provider and Location: _____

Family Name: _____ **Date** / /

Given Names: _____

Address: _____

P/code: _____

Postal Address: _____

P/code: _____

Contact Details:

Phone (bh)	_____
Phone (ah)	_____
Fax	_____
Mobile	_____
Email	_____

Type of work sought: _____

Are there any restrictions on hours, days or period of time you are available for work? (eg from November to February, not on Tuesdays etc.)

Yes No

If YES, please give details:

Are you available to work:	Weekends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Full-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	On call casual	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shifts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Tick one or more boxes)

Please list below a person who could be contacted in case of emergency:

Name: _____

Address: _____

Phone: _____ **Relationship:** _____

Day Month Year

Your date of birth:
 (For superannuation & identification purposes)

Previous Employers:

10010.5

	Name of Employer	Dates Worked From To	Brief Description of Position Held / Duties
1			
2			
3			
4			
5			
6			
7			

Skills: (please list skills held)

Referees:

(Where possible please supply the names of immediate supervisors from previous employers)

Name: _____
Company: _____
Address: _____
Contact No.: _____

Name: _____
Company: _____
Address: _____
Contact No.: _____

Qualifications/Trade Tickets etc:

Training:

(short courses etc.)

Do you have a current car licence? Yes No

Do you have any other vehicle/plant licences? (Please list)

(eg. Fork Lift up to 10 tonne)

- | | |
|---|---|
| 1 | 5 |
| 2 | 6 |
| 3 | 7 |
| 4 | 8 |

If there is any other information which you feel may be useful to us, please write it here:

Are you currently employed? Yes No

If employed, how many hours per week? _____

The above information is true and correct:

PRIVACY & RIGHT TO WORK

Please read this information carefully before signing below:

Simpson Personnel may use the information collected on this form for the following uses and purposes:

1. Candidate Information collected in connection with applications for work;
2. Information obtained to assist in managing client and business relationships;

We may disclose your personal information for the purpose for which it is primarily held, or for a related secondary purpose. In some cases we may only disclose information with your consent. For information regarding our compliance with the Privacy Act please ask our staff for a copy of our Privacy Policy.

By signing below you certify that you have a legal right to work in Australia.

Your Signature _____

Today's Date: Day Month Year