



# Simplicity

AUSTRALIA PTY LTD  
A.C.N. 010 669 959

Position Applying For: \_\_\_\_\_

Date: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

Last Name:		First Name:		Other Name(s) Initial:	
Present Address: (No., Street, City, State, Code)			How Long There:		Phone (Home):
Previous Address: (No., Street, City, State, Code)			How Long There:		Phone (Work):
Driver's Licence No.	Motor Vehicle (please tick)	Truck (please tick)	Forklift (please tick)	Crane (please tick)	Phone (Mobile):
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status:		No. of Children:
Are You Legally Entitled to Work In Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No			What languages Other Than English Do You Speak, Read or Write?		

## EDUCATIONAL BACKGROUND (Evidence of scholastic success may be required)

Period		Level	School & City	Major Subjects	Awards
Mth & Yr to Mth & Yr					

Business & Personal Memberships:

## EMPLOYMENT HISTORY (List current or last job first and account for all unemployment time)

Period		Employer (Name & Address of Firm)	Job Title & Supervisor	Salary
Mth & Yr to Mth & Yr				
			Your Position	\$
			Name of Your Supervisor	<i>Per: Hour/Annum/Week</i>
			Your Position	\$
			Name of Your Supervisor	<i>Per: Hour/Annum/Week</i>
			Your Position	\$
			Name of Your Supervisor	<i>Per: Hour/Annum/Week</i>
			Your Position	\$
			Name of Your Supervisor	<i>Per: Hour/Annum/Week</i>
			Your Position	\$
			Name of Your Supervisor	<i>Per: Hour/Annum/Week</i>

## PERSONAL REFERENCES (Two persons, not relatives or former employers, who have known you at least 1 year)

Name & Address	Occupation	Telephone	How Long Known?

	No (please tick)	Yes (please tick)	Applicable details if YES
Do you own your own vehicle?			
Have you been involved in any serious accidents?			
Have you been charged with any driving offences?			
Have you been charged with any drinking or drug related offences?			
Have you been charged with any criminal activities?			
Do you have any disability or medical condition that would effect your ability to do the job?			
Do you have any allergies, illnesses, etc which could be aggravated by exposure to dust or chemicals, etc or which you believe your employer needs to be made aware of?			
Will you agree to undergo a medical examination if offered the job?			
Have you made, or been involved in, any Workers Compensation claims in the last 7 years?			
Will you agree to provide a WorkCover History if offered the job?			
Do you have any objection to enquiries of your present employer regarding qualifications and character?			
Do you have any objection us seeking verification and additional information to any matter within this application?			

**SPORT & RECREATIONAL INTERESTS**

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**WHAT WERE YOUR REASONS FOR APPLYING FOR THIS PARTICULAR JOB?**

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**DO YOU HAVE ANYTHING ELSE TO ADD IN SUPPORT OF YOUR APPLICATION?**

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**APPLICANT'S AGREEMENT**

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY; 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 authorize the persons, school, current employer (if approved by me in the Employment History section) and other organizations 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:
  - a) Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or if employed, termination from employment.
  - b) Although management makes every effort to accommodate individual preferences, business needs frequently make the following conditions as per the Enterprise Bargaining Agreement mandatory: overtime, shift work, a rotating work schedule and work schedules other than Monday through Friday. I understand and accept these as conditions of my continuing employment. (If you wish to read our EBA please feel to request a copy)
  - c) 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).

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Applicant's Signature

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Date