

SHUTTERS R US
GENERAL EMPLOYMENT APPLICATION FORM

Resumé attached YES NO

Position you are applying for:.....

<i>Name:</i>		<i>Date of Birth:</i>
<i>Address:</i>	<i>Postcode:</i>	
<i>Telephone:*(h)</i>	<i>Mobile:</i>	<i>Tax File:</i>
<i>Marital Status:</i>		
<i>Standard of Education:</i>		

*** Home phone number must be provided.**

EMPLOYMENT HISTORY
(From most recent to earliest)

<i>Employer:</i>	<i>Position Held:</i>
<i>General Duties:</i>	<i>Period of Employment:</i>
<i>Reasons for Leaving:</i>	<i>Salary Earned:</i>

<i>Employer:</i>	<i>Position Held:</i>
<i>General Duties:</i>	<i>Period of Employment:</i>
<i>Reasons for Leaving:</i>	<i>Salary Earned:</i>

<i>Employer:</i>	<i>Position Held:</i>
<i>General Duties:</i>	<i>Period of Employment:</i>
<i>Reasons for Leaving:</i>	<i>Salary Earned:</i>

REFERENCES:

Name:.....

Address:.....

Contact Telephone No.....

Name:.....

Address:.....

Contact Telephone No.....

Name:.....

Address:.....

Contact Telephone No.....

Do you suffer from any medical disabilities? Yes No If yes, please state (incl: if you are a smoker)	
How long have you been at present address:	
Your previous address:	
Have you ever had a work related injury	
Have you ever suffered an accident/illness preventing you from work?	
What skills could you bring to our business whether by experience or trade.	
What Weekly Gross wage are you expecting to earn?:	
What are your longer term plans of employment	

.....

Applicant's Signature

.....

Date

SITE PERSONNEL REGISTER

Name: _____
Address: _____ P/Code: _____
Home Phone No. _____ Mobile No. _____
Date of Birth: _____ Tax File No. _____
Next of Kin in Case of Emergency
Name: _____
Address: _____ P/Code: _____
Relationship: _____ Contact No. _____