



## APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR \_\_\_\_\_ DATE \_\_\_\_\_

SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

P/CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ NO. OF DEPENDANTS \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS/CONTACT No \_\_\_\_\_

EDUCATIONAL STANDARD ACHIEVED \_\_\_\_\_

NAME OF SCHOOL/COLLEGE \_\_\_\_\_

SUBJECTS PASSED \_\_\_\_\_

OTHER QUALIFICATIONS/CURRENT STUDIES \_\_\_\_\_

HOBBIES AND OUTSIDE INTERESTS \_\_\_\_\_

### HISTORY OF EMPLOYMENT

Employment	Name & Address	Position Held	Reason for Leaving
<i>Current</i> From: To:			
<i>Previous</i> From: To:			
<i>Previous</i> From: To:			
<i>Previous</i> From: To:			

GIVE NAMES, ADDRESSES & PHONE NO'S OF TWO BUSINESS REFEREE'S

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DO YOU KNOW ANYONE WHO WORKS AT WESTRAL?

YES  NO

IF YES, PLEASE GIVE DETAILS \_\_\_\_\_

DO YOU HAVE YOUR OWN VEHICLE? \_\_\_\_\_

ARE YOU IN GOOD HEALTH? \_\_\_\_\_

ANY ILLNESS OR WORKERS COMPENSATION CLAIMS SUFFERED OR SUSTAINED  
PREVIOUSLY? \_\_\_\_\_

IF YES, PLEASE GIVE FULL DETAILS \_\_\_\_\_

HAVE YOU EVER BEEN INVOLVED IN ANY ACCIDENT? \_\_\_\_\_

IF YES, PLEASE GIVE FULL DETAILS \_\_\_\_\_

MAY WE CONTACT YOUR PREVIOUS EMPLOYERS? \_\_\_\_\_

WHEN CAN YOU START? \_\_\_\_\_

**I DECLARE THAT THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE &  
CORRECT**

SIGNED \_\_\_\_\_

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THIS SECTION IS FOR OFFICE USE ONLY:

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

REFERENCE CHECKS \_\_\_\_\_

RECOMMENDATION \_\_\_\_\_

COMMENCING DATE \_\_\_\_\_ PAY RATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_