

BIZLINK APPLICATION FOR EMPLOYMENT

Applicants are considered for employment and promotion without regard to race, age, sex, sexual orientation, gender history, marital status, family status and responsibility, political and religious conviction, impairment or pregnancy.

This is a form that you can type in or print and hand write on.

This form needs to be completed if you have been shortlisted for an interview.

Name:			
Position Applied For:			
Employment Basis:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Casual <input type="checkbox"/>

PERSONAL DETAILS

Address:			
Home Phone:		Mobile:	
Date of Birth (optional):			

DRIVER'S LICENCE

Do you have a current driver's licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any driving convictions (not infringements)? If yes, please provide details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you provide your own vehicle if required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OTHER

Are you an Australian Citizen? Note: to be eligible for employment, applicants must have the appropriate work visa or have permanent residency status. A copy of a current work visa is required.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of any offence, in any court? If yes, please provide details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you agree to a National Police Certificate and Working with Children Check? Please note these are essential to employment at BIZLINK	Yes <input type="checkbox"/>	No <input type="checkbox"/>
To the best of your knowledge are you of sound health? If no, please provide details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you take any medication that may affect your ability to do the job? If yes, please provide details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A disability or injury is not a barrier to employment. However, to assist you in your	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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placement please indicate: Do you have a disability or injury that is likely to affect your work performance? If yes, please provide details	
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REFERENCES Three referees are required. At least two of these referees should have been your immediate supervisor in your past or existing role.

Contact Name	Employer	Contact #

APPLICANT DECLARATION

By entering my name, I declare the above statements to be true in all respects. I acknowledge that any information which is found to be false or misleading may lead to dismissal.