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

* BIZLINK is a Child Safe organization. Applicants must provide a Working with Children Check (if required for the position), NDIS Check and Police Check as required.
* BIZLINK is an equal opportunity employer, we welcome applicants with disability, Aboriginal and Torres Strait Islanders and people from culturally diverse backgrounds.

This form must be completed if shortlisted for an interview. Email to hr@bizlink.asn.au

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| **POSITION DETAILS** |
| **Position Title**: Click to enter text. |
| **Start Date**: Click to enter a date. |
| **Employment Basis**: Full-time [ ]  Part-time [ ]  Casual [ ]  Volunteer [ ]  |
| **Location (Primary Site)**: Click to enter text. |
| **PERSONAL DETAILS** |
| **Name**: Click to enter text. |
| **Address**: Click to enter text. |
| **Home Phone**: Click to enter text. | **Mobile**: Click to enter text. |
| **Gender (optional)**: Male [ ]  Female [ ]  Indeterminate / Intersex / Unspecified [ ]  |
| **Date of Birth (optional)**: Click to enter text. |
| **Right to Work in Australia (must be able to provide evidence):**Country of BirthClick to enter text.Australian Citizen [ ]  Permanent resident of Australia [ ]  Valid visa with work permission [ ]  Click to enter details as needed |
| **Equal Employment Opportunity, for our inclusion targets (optional):** Culturally & Linguistically Diverse [ ]  Indigenous [ ]  Disability [ ]  Click to enter details as needed |
| **Disability, injury or health condition are not a barrier to employment**. To make reasonable adjustments, please advise if you have a disability, injury, health condition and / or take medication that may affect your ability to perform the requirements of the position. If yes, please provide details (optional\*):Yes [ ]  No [ ]  Click to enter details as needed*\* Note: any pre-existing disability, injury or health condition that may affect your ability to perform the typical duties of the position that you don't disclose, might affect future workers' compensation claims.* |
| **DRIVER’S LICENCE (only complete if the role requires a current licence)** |
| **Do you have a current driver’s licence**: Yes [ ]  No [ ]   |
| **Licence Number**: Click to enter text. | **State**: Click to enter text. |
| **Expiry Date**: Click enter a date. | **Class**: Click to enter text. |
| **Driving Convictions (not infringements)**: Yes [ ]  No [ ]  Click to enter text. |
| **Can you provide your own vehicle if required?** Yes [ ]  No [ ]  Click to enter text. |
| **POLICE CHECKS** |
| **Have you been convicted of any offence? If yes, please provide details:**Yes [ ]  No [ ]  Click to enter text. |
| **Do you agree to provide current certificates (if required for your role):**National Police Certificate: Yes [ ]  No [ ]  Click to enter text.NDIS Check: Yes [ ]  No [ ]  Click to enter text.Working with Children Check: Yes [ ]  No [ ]  Click to enter text.COVID Vaccination Certificate: Yes [ ]  No [ ]  Click to enter text.*Note: depending on your role provision of these certificates may be essential to securing and maintaining employment at BIZLINK as per the Policy Manual and COVID Mandates in place for employers / potential employers of our clients.* |
| **REFERENCES** two referees should be supervisor in past or current job  |
| **Contact Name** | **Employer/Personal/Other** | **Contact #** |
| Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. |
| **DECLARATION** |
| By checking this box, 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 [ ] Date: enter a date. |