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The Builders Club
Dee Why

EMPLOYMENT APPLICATION FORM

APPLICANT SECTION

Position applied for: _____

Personal details

Given name: _____

Family name: _____

Preferred name: _____

DOB: _____

Address: _____

Daytime telephone: _____

Mobile: _____

Email: _____

Emergency Contact

Name: _____

Relationship: _____

Address: _____

Daytime telephone: _____

Mobile: _____

Name: _____

Relationship: _____

Address: _____

Daytime telephone: _____

Mobile: _____

Current qualifications

Qualification title	Institution/training provider	Year completed

Are you currently undertaking study/training? (tick)

Yes

No

If yes, course/program name:

(tick)

Full time

Part time

Distance

Other

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Previous employment (most recent first)

Employer name/ establishment	Dates from/to	Position held	Reason for leaving	Office use check initial/date

Do you agree to have referees contacted in relation to this
application? (tick)

Yes

No

*(Reference checks will be conducted legally in an ethical manner and all information derived will
remain confidential.)*

Please provide details of three people who can speak on your behalf regarding your work history.

Name	Contact No.	Position held/working relationship (eg supervisor)	Office use check initial/date

What type of work are you
available for? (tick)

Full time

Part time

Casual

When will you be available for work?

Please provide any other information that you identify as being pertinent to this application
(eg medical conditions, disabilities)

Declaration

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

Signed:

Date:
