

FIRST NAME:		SURNAME:		D.O.B: (OPTIONAL)	
ADDRESS:					
SUBURB/STATE:				POST CODE:	
HOME PHONE:			MOBILE:		
EMAIL:					
CURRENT SALARY PACKAGE:			DESIRED SALARY PACKAGE:		
AVAIL TO START:		POSITIONS DESIRED:			
EMERGENCY CONTACT: (NAME AND CONTACT NUMBER & RELATIONSHIP)					
AVAILABILITY/NOTICE PERIOD REQUIRED:					
PLANNED LEAVE/HOLIDAYS? WHEN?					
<p><u>PLEASE CIRCLE THE FOLLOWING:</u></p> <p><u>Licences / Transport</u></p> <p>DRIVERS LICENCE: YES / NO CAR ACCESS: YES / NO</p> <p>OTHER LICENCES GIVE DETAILS: _____</p> <p><u>Work Conditions/Location</u></p> <p>WORK LOCATION DESIRED: CBD / SOUTH / EAST / WEST / NORTH</p> <p>TYPE OF WORK DESIRED: CONTRACT / TEMP / PERM FULL TIME / PERM PART TIME</p> <p>IF PERM PART TIME REQUIRED GIVE FULL DETAILS OF DAYS/TIMES AVAILABLE: _____</p> <p>_____</p> <p><u>Compliance with Employer Policies if needed</u></p> <p>CONSENT TO POLICE CHECK: YES / NO</p> <p>CONSENT TO MEDICAL: YES / NO</p> <p>CONSENT TO WORKING WITH CHILDREN CHECK: YES / NO</p>					
<p><u>PLEASE CIRCLE THE FOLLOWING:</u></p> <p><u>Right to Work in Australia</u></p> <p>AUSTRALIAN CITIZENSHIP: YES / NO</p> <p>IF NO - HAVE YOU PROVIDED US WITH A COPY OF: PASSPORT - YES / NO VISA - YES / NO</p>					

PLEASE CIRCLE THE FOLLOWING:

Right to Work in Australia

AUSTRALIAN CITIZENSHIP: YES / NO IF NO - HAVE YOU PROVIDED US WITH A COPY OF PASSPORT - YES / NO

VISA - YES / NO please provide Visa Details: _____

REFEREES

CONSENT FOR CONQUEST PERSONNEL TO CONTACT PREVIOUS EMPLOYERS FOR REFERENCE CHECKS: YES / NO

PLEASE PROVIDE A MINIMUM OF TWO REFEREES PLEASE (IDEALLY INDIVIDUALS YOU HAVE REPORTED TO)

Referee 1

Referee Name: _____

Organisation: _____

Referee Position: _____

Contact Number: _____

Referee 2

Referee Name: _____

Organisation: _____

Referee Position: _____

Contact Number: _____

Accident Compensation Act 1985

The following questions are asked in compliance with the Accident Compensation Act 1985 Section 82 (7) which requires an applicant to disclose information about any pre-existing injury or illness that could affect their ability to perform the tasks of the job being offered.

HAVE YOU HAD A PREVIOUS INJURY OR ILLNESS THAT COULD AFFECT YOUR HEALTH & SAFETY OR THAT OF OTHERS WHILST DOING YOUR JOB: YES / NO

IF YES PLEASE PROVIDE DETAILS: _____

ARE THERE RESTRICTIONS ON THE TASKS OF THE JOB FOR WHICH YOU HAVE APPLIED THAT COULD ARISE FROM ANY PREVIOUS INJURY, ILLNESS OR HEALTH CONDITIONS? YES/NO

IF YES PLEASE PROVIDE DETAILS: _____

Job Active Details

ARE YOU REGISTERED WITH A JOB ACTIVE PROVIDER? YES/NO

IF YES PLEASE PROVIDE NAME AND LOCATON: _____

DECLARATION:

I have read, understand and accept the conditions enclosed and confirm that the information given by me to Conquest Personnel is to the best of my knowledge correct in all details. I permit Conquest Personnel to confidentially refer any of my details to suitable clients.

YOUR NAME: _____

BUSINESS NAME AND ABN: _____
(If applicable)

SIGNATURE: _____

DATED: ____/____/____