

EMPLOYMENT APPLICATION FORM

PERSONAL DETAILS

PLEASE USE BLOCK LETTERS

TITLE: (Mr/Mrs/Ms/Miss) _____
 SURNAME: _____ GIVEN NAMES: _____
 ADDRESS: _____
 SUBURB: _____ STATE: _____ POST CODE: _____
 PHONE NUMBERS: HOME: () _____ MOBILE: () _____
 EMAIL: _____

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____
 TELEPHONE NO: _____ MOBILE NO: _____

REFEREES:

NAME: _____ RELATIONSHIP: _____
 TELEPHONE NO: _____ MOBILE NO: _____
 NAME: _____ RELATIONSHIP: _____
 TELEPHONE NO: _____ MOBILE NO: _____

DISCLOSURE

We require this information to assess your suitability for employment with the prospective employer. This information is confidential and will not be disclosed to any unrelated party.

No	Question	Yes	No
1	Have you previously worked in a retail position?		
2	Do you have any team lead/management experience?		
4	Only answer the question if you answered "Yes" to Have you previously worked in a retail position? above: Please indicate the length of your retail experience* <input type="checkbox"/> 0-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5+ years		
5	Only answer this question if you answered "No" to Have you previously worked in a retail position? above: Please list the transferable skills you have gained during your career and how they relate to the position you are applying for*: _____ _____		
6	Have you been dismissed from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes why : _____ _____		

