



APPLICATION FOR EMPLOYMENT/SUBCONTRACT WORK

APPLICANT DETAILS:

NAME: _____ SURNAME: _____

ADDRESS: _____

HOME PH: _____ MOBILE NO: _____ OTHER: _____

ARE YOU AN AUSTRALIAN CITIZEN? YES NO

IF YOU HAVE ANSWERED "NO" TO THE ABOVE QUESTION PLEASE STATE:

TYPE/NUMBER OF VISA: _____ EXPIRY DATE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: ____/____/____ SEX: MALE FEMALE:

FULL NAME OF SPOUSE (if applicable) _____

TRANSPORT: OWN PUBLIC OTHER (Please specify): _____

EMERGENCY CONTACT:

NAME: _____ SURNAME: _____ RELATIONSHIP: _____

HOME PH: _____ WORK PH: _____ MOBILE NO: _____

CONTRACTOR DETAILS:

DO YOU HAVE AN A.B.N? YES NO A.B.N. NUMBER: _____

COMPANY NAME (IF APPLICABLE): _____

AVAILABILITY: Please list the hours you're available to work for each day

DAY:	AVAILABLE	
	FROM:	TO:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

YOU MUST ATTACH YOUR RESUME WITH THIS APPLICATION.