

CONFIDENTIAL APPLICATION FOR EMPLOYMENT



Laserzone is fully committed to meeting the requirements of the Privacy Act 1988. The personal information collected on this application form will be used to assess the suitability of the applicant for the position advertised and to negotiate with and make offers of employment to selected applicants. Further, for successful applicants, the information will be used for the supervision, management and payments of employees, to develop and maintain the employment relationship between the employer and the individual.

Fields marked with (*) on the application form are regarded as mandatory for selection purposes. Failure to provide these data may influence the processing and outcome of your application. However, for successful applicants, the information supplied in the application form may be passed onto our insurers, bankers, any relevant staff union and superannuation fund managers.

It is the policy of Laserzone to retain the personal information of unsuccessful applicants for future recruitment purposes for a period of 6 months. Under the Privacy Act 1988, applicants have the right to request access to, and to request correction of their personal information collected in this form. If you wish to exercise these rights, please contact the site manager.

Laserzone will not disclose such health information of applicants to a third party without first obtaining the applicants consent unless the disclosure is required by law or by statutory authorities.

DATE: SURNAME*: FIRST NAME*:

STORE LOCATION: SEEKING CASUAL FULL TIME PART TIME

ADDRESS*: POST CODE: DATE OF BIRTH*:

PHONE*: HOME WORK: MOBILE:

NEXT OF KIN IN CASE OF EMERGENCY*: NAME PHONE:

BIRTH CERTIFICATE SIGHTED: DRIVERS LIC NO: BLUE CARD NO:

HEALTH HISTORY*

Do you have currently or have you had any health problems which may interfere with the performance of the position applied for:
If yes, please specify

EYES YES NO _____ HEART YES NO _____

HEARING YES NO _____ LUNGS YES NO _____

Do you, or have you, ever suffered from: Date of last occurrence

HERNIA YES NO _____

SKIN DISORDERS/ALLERGIES YES NO _____

EPILEPSY/BLACKOUTS YES NO _____

BACK DISORDERS YES NO _____

JOINT OR MUSCULAR INJURIES YES NO _____

WILL ANY OF THE PROBLEMS STATED AFFECT YOUR WORK PERFORMANCE? _____

HAVE YOU PREVIOUSLY LODGED A CLAIM FOR WORKERS COMPENSATION? _____

IF SO PLEASE STATE DETAILS? _____

ARE YOU AT PRESENT IN GOOD HEALTH? _____

ABOUT YOU

Do you have any hobbies or play any sports*?

Do you have any special skills ie web design, drama, electronics, computer related skills*?

Are you currently attending school, TAFE, university? What course/majors are you doing*?

How many hours or much do you wish to earn per week?

Reason for applying for the position*?

Why do you think you should be considered*?

Have you ever been convicted of a criminal offence*? If yes details-

Personal Reference*: Contact:

AVAILABILITY

	MON	TUE	WED	THU	FRI	SAT	SUN	
DAY								START & FINISH TIME
NIGHT								START & FINISH TIME

Shirt Size:

Date available to Start:

Means of transport*:

Parent/Guardian consent acknowledging agreed hours and employment*

Applicant Signature*

TO BE COMPLETED BY MANAGEMENT

BASIC GROSS HOURLY RATE _____ POSITION CLASSIFICATION _____ REFERENCE CONTACTED _____