

SECTION 2 EMPLOYMENT HISTORY (CURRENT OR MOST RECENT FIRST)

Three most recent and/or current employers (please list):

Current Employer (full name and address):

Dates (from/to):

Position & Duties:

Reason for leaving:

Supervisor/Manager's Name:

Employer (full name and address):

Dates (from/to):

Position & Duties:

Reason for leaving:

Supervisor/Manager's Name:

Employer (full name and address):

Dates (from/to):

Position & Duties:

Reason for leaving:

Supervisor/Manager's Name: _____

SECTION 3 EDUCATION AND QUALIFICATIONS

Type	School/College/ Institution Name	Date To/From	Level Achieved Result
Secondary School			
Trade Qualifications			
Tertiary Qualifications			
Professional Courses			
Others			

SECTION 4 POSITION PARTICULARS

Type of employment sought (please tick): Full Time Part Time Casual

Relevant tickets and/or licences held:

Licences/ Tickets	Ticket Number	Expiry Date

SECTION 5 REFEREES NOMINATED

Referee's Name: _____

Position Held: _____

Employer: _____

Phone: _____

Address: _____

Referee's Name:

Position Held: _____

Employer: _____

Phone: _____

Address: _____

SECTION 6 HOBBIES & INTERESTS

SECTION 7 MEDICAL CONDITIONS

Please Note: You may be required to undergo a pre-employment medical to verify your fitness to work at Bestlan.

Do you have any illness, injury or disability that would prevent you from fully carrying out all of the duties of the position applied for? Yes No

If yes please give details _____

SECTION 8 PROFESSIONAL/ASSOCIATION MEMBERSHIPS

Organisation	Membership Status	Renewal Date

Please Note:

- All applications will be treated confidentially and fairly.
- If you are unsuccessful, your application will be destroyed unless you provide permission in writing for Bestlan to keep your application on file.
- This information will be used for recruitment and selection purposes only.

I authorise Bestlan to obtain any information regarding my previous employment and to contact nominated referees.

I also declare that the information contained in this employment application is true, complete and correct in every detail, to the best of my knowledge and belief.

I acknowledge and accept that a false statement or dishonest answer to any question may be grounds for my being asked to show cause as to why my employment should not be terminated should my application be successful.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

COMMENTS

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POSITION				EMPLOYEE NO	TIME CODE	PAY CODE
START DATE				SIGNATURE OF PAYROLL OFFICER		
CASUAL		FULL TIME		DEPT:		