



Application for Employment

PERSONAL INFORMATION	
FIRST NAME:	LAST/FAMILY NAME:
ADDRESS:	
HOME PHONE:	MOBILE:
EMAIL:	
DATE OF BIRTH: <i>(optional)</i>	

GENERAL INFORMATION							
LEVEL OF EDUCATION: _____							
POSITION APPLYING FOR: _____							
AVAILABILITY:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
am							
pm							

EMPLOYMENT / REFERENCES <i>(Please provide previous employment and at least 2 references)</i>	
EMPLOYER:	
POSITION HELD:	PERIOD OF EMPLOYMENT:
CONTACT PERSON:	CONTACT NO:
EMPLOYER:	
POSITION HELD:	PERIOD OF EMPLOYMENT:
CONTACT PERSON:	CONTACT NO:
EMPLOYER:	
POSITION HELD:	PERIOD OF EMPLOYMENT:
CONTACT PERSON:	CONTACT NO:
ADDITIONAL REFERENCE NAME:	
RELATIONSHIP TO APPLICANT:	CONTACT NO:

Have you ever claimed workers compensation? Yes / No If yes, please give brief details:

- I acknowledge that if successful, I will be subject to a 3 month trial period
- I authorise Penshurst RSL to contact references provided
- I certify that all answers given are true to the best of my knowledge
- I understand that false or misleading information may result in discharge

Signature of Applicant

Date