



# FORESTWAY FRESH

## Job Application Form

Position applying for:	
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### CONTACT & PERSONAL DETAILS

First name:		Last name:			
Gender:	Male / Female	Date of birth:			
Home phone:		Mobile:			
Address:					
Suburb:		State:		Postcode:	
Email:					

What is your mode of transport to work?	Car <input type="checkbox"/> Public transport <input type="checkbox"/> Other(specify) <input type="checkbox"/>
Are there any factors that we should be aware of that may limit your ability to perform certain duties or constrain your availability? Eg Medical - unable to lift heavy objects due to back injury or Student - can only work weekends	

### VISA & RESIDENCY STATUS

Are you an Australian Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If no, are you a Permanent Resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Do you have a Working Visa?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Expiry Date:		
Any Visa restrictions?					
Nationality as shown on Passport*:		Passport No:			

\* A photocopy of your passport is required

### EDUCATION

Are you currently a student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details of your course*:		

\* A photocopy of your Student ID is required

**AVAILABILITY**

When are you available to start?		
Are you available to work public holidays?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What times are you available to work? (Please write start and finish times for each day of week)	<b>Monday</b>	From:                      To:
	<b>Tuesday</b>	From:                      To:
	<b>Wednesday</b>	From:                      To:
	<b>Thursday</b>	From:                      To:
	<b>Friday</b>	From:                      To:
	<b>Saturday</b>	From:                      To:
	<b>Sunday</b>	From:                      To:

**PREVIOUS EMPLOYMENT**

Have you had previous retail experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of previous employer:		
Length of time you were employed there:		
Position you held:		
Outline of duties:		
Reason for leaving:		
Referee name and contact number:		

**SUBMISSION**

Applicant signature:		
Date submitted:		
Resume attached to application form:	Yes <input type="checkbox"/>	No <input type="checkbox"/>