

# EMPLOYMENT APPLICATION



Date Applied: \_\_\_/\_\_\_/\_\_\_

Department:  Checkouts  Deli  Meat  Produce  Dairy/Freezer  
 Nightfill  Any/All  Other/Specific \_\_\_\_\_

Have you previously been employed by Piccones SUPA IGA Manoora, Piccones SUPA IGA Edmonton, The Hambledon Hotel or Louie's Liquorbarn?  No  Yes

If yes: When \_\_\_\_\_ Department \_\_\_\_\_ Manager \_\_\_\_\_

**PERSONAL DETAILS:**

SURNAME: \_\_\_\_\_  
 GIVEN NAMES: \_\_\_\_\_  
 PREFERRED NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_  
 MOBILE PHONE: \_\_\_\_\_  
 DOB: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**PERSONAL DETAILS AS PER PRIMARY ID :**

(if different from personal details):  
 SURNAME: \_\_\_\_\_  
 GIVEN NAMES: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_  
 MOBILE PHONE: \_\_\_\_\_  
 DOB: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**EDUCATIONAL QUALIFICATIONS:** (Please list any technical, secondary, tertiary qualifications)

SCHOOL/COLLEGE: \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Previous Employer	Position Held	From - To	Reason for Leaving	Referee & Contact Number

**ADDITIONAL SKILLS:** (Other relevant information for this position, e.g. skills, experience, disabilities, etc.)

\_\_\_\_\_  
 \_\_\_\_\_

**AVAILABILITY:**

You may be required to work between any of the following hours depending on the department/position.

Please note your available hours below:

MON	TUES	WED	THUR	FRI	SAT	SUN
5:00AM – MIDNIGHT	5:00AM – MIDNIGHT	5:00AM – MIDNIGHT	5:00AM – MIDNIGHT	5:00AM – MIDNIGHT	5:00AM – MIDNIGHT	5:00AM – MIDNIGHT

Please leave notes on anything that may affect your availability: (Eg. sporting commitments every second week, etc.)

**CONDITIONS OF EMPLOYMENT**

(Additional to the term of relevant Award or Agreement)

1. That I authorize the Company to investigate the foregoing information without liability arising therein.
2. That the information herein is true and I understand that if false information is supplied or relevant facts are omitted I will be subject to instant dismissal without notice.
3. That I will comply with all the company requirements and directions which apply to me from time I commence employment.
4. That I will work on any shift nominated by the company.
5. That I am legally entitled to work in Australia.

**ADDITIONAL INFORMATION REQUESTED**

Are you aware of any medical condition, disability, or prior injury which may affect your ability to perform duties of the job for which you have applied for?

**YES / NO** If YES, please give brief details to guide us ensuring that you are not placed in a situation that may adversely affect your well being.

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Do you have any allergy or adverse reaction to any chemical, substance or insect-bite which the organization should be aware of to ensure your well being in the event of unexpected exposure?

**YES / NO** If, YES, please give sufficient details to ensure our understanding.

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

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