

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 Hambeldon 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
6:00AM – MIDNIGHT	6:00AM – MIDNIGHT	6:00AM – MIDNIGHT	6:00AM – MIDNIGHT	6:00AM – MIDNIGHT	6:00AM – 6:00PM	6:00AM – 6:30PM

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.

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.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY
