

Application for Employment

APPLICANT INFORMATION			DATE OF APPLICATION
Last Name		First	
Home Address			
State	Post Code	Date of Birth	
Phone	E-mail Address		
Mobile	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Mailing Address (if different from above)			
		State	Post Code
Position Applied for			
Are you an Australian Citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Place of Birth
Are you an Australian Permanent Resident?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have permission to work status? YES <input type="checkbox"/> NO <input type="checkbox"/>
Visa Class	Sub Class	Expiry Date	
Have you previously worked for Aurum Catering & Management Services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, state when?
Reason for Leaving			

DRIVING LICENCE			
Do you hold a current WA Manual Driver's Licence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Give details (e.g. State / Country)
Licence Number	Class/es	Expiry Date	
Have you ever had your licence suspended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date
If Yes please give details			
Have you ever had a driving conviction involving Alcohol / Drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date
If Yes please give details			

LANGUAGES			
Is English Your First Language?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Indicate First Language
If No, Please Indicate Your Understanding of Written English			
If No, Please Indicate Your Understanding of Spoken English			
Do you Speak A Language Other Than English?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Please list other languages spoken
Indicate level of knowledge e.g. basic spoken			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	

QUALIFICATIONS
Please List any Educational or Trade qualifications
1
2
3
4
5
6

FAMILY	
Marital Status	
Number of Children	Ages
Is your family Perth based? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If successful in gaining employment, do you do you intend to relocate your family? YES <input type="checkbox"/> NO <input type="checkbox"/>	

NEXT OF KIN	
Name	Relationship
Address	
State	Post Code
Home Telephone Number	Work Telephone Number
Mobile Number	Email address

Name	Relationship
Address	
State	Post Code
Home Telephone Number	Work Telephone Number
Mobile Number	Email address

PREVIOUS EMPLOYMENT – THREE PREVIOUS EMPLOYERS REQUIRED

1.

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	Hourly Rate \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Name of Contact	

2.

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	Hourly Rate \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Name of Contact	

3.

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	Hourly Rate \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Name of Contact	

MEDICAL HISTORY

Do you have, or have you ever had, any medical or health issues which may impact on your ability to undertake the required duties
 If so please provide a brief description of the issue and how it can be appropriately managed. E.g. Asthma handled with inhaler

1

2

3

Do you have any allergies?	Do they Require Medication?
Have you ever made a Workers Compensation Claim?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Date of Claim
Length of time off work	Treatment received
If yes please give details	
Have you ever received a lump sum settlement?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	From Insurer YES <input type="checkbox"/> From Company YES <input type="checkbox"/>
If yes please give details	

CERTIFICATION

Have you completed any of the following?			
FoodSafe Training	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Completed	Certificate Number
HACCP Training	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Completed	Certificate Number
Senior First Aid	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Completed	Certificate Number
Health & Hygiene Course	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Completed	Certificate Number
Dietetics	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Completed	Certificate Number
Other	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Completed	Certificate Number

POLICE CLEARANCE & CRIMINAL RECORD

Do you hold a current National Police Clearance? (less than 1 year old)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Completed
Have you been convicted of a criminal offence in the past 5 years	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes please give details		
Do You Have Any Criminal / Court Proceedings Pending?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes please give details

Did you complete this application yourself?	YES <input type="checkbox"/> NO <input type="checkbox"/>
---	--

Conditions of Employment

In order to ensure the suitability of the applicant for our requirements and to ensure that the applicant is satisfied in the position, it is the policy of Aurum Catering & Management Services (Aurum) to put each new employee on a probationary period.

I understand that, unless otherwise stated in employment agreements, positions are initially for a 3-month probationary period during which time either party may terminate in accordance with the employment agreement.

I understand that as a condition of employment I may be required to undergo a medical examination by a nominated medical officer. Further I understand that prior to employment and at any time during employment with Aurum I may be required to take an alcohol and/or drug test as required by Aurum policies and procedures and / or at the request of any client or company Aurum are contracted to.

I hereby affirm that all information given by me in this application for employment is true and correct and that I have not knowingly withheld any circumstances or facts that would, if disclosed, affect my application. I understand that if considered for employment, the information provided in this application and my employment and personal history may be subject to investigation by Aurum and I hereby authorise such an investigation to be made. If employed, I understand that I shall be subject to the company's regulations. I further affirm my understanding that in the event I am employed by the company my employment or any assignment during said employment shall be governed by applicable Australian law and Company policy and shall constitute that my employment may be terminated at any time without notice if it is proven by the company that I have knowingly misrepresented any information given or if I have knowingly withheld facts or circumstances that would, if disclosed, affect my application.

As a consequence of completing this employment application Aurum Catering & Management Services (Aurum) will collect personal information about you, directly from you. This information is collected to assess your suitability for employment with Aurum. It is not mandatory for you to provide all of the information requested, but if you do not it may affect our ability to assess your application for employment and therefore eligibility for employment with our company.

Signature of Applicant:	Date:
I acknowledge all information in this employment application is true and complete YES <input type="checkbox"/>	

Received By Aurum Catering & Management Services	Date:
Name	Signature