



Head Office

Bestlan Group of Companies

21-23 Reward Court

Bohle

TOWNSVILLE Q 4818

Prime Telephone Number: (07) 47 29 88 88

Prime Facsimile Number: (07) 47 29 88 99

**APPLICATION FOR EMPLOYMENT**

**SECTION 1 PERSONAL DETAILS**

Title:  Mr  Mrs  Ms  Miss  Other

Surname \_\_\_\_\_

Other Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email \_\_\_\_\_

Are you legally entitled to work in Australia?  Yes  No

What proof can you provide that you are legally entitled to work in Australia? (tick most appropriate)

- Originals of:
- Australian Birth Certificate
  - Australian Citizenship Certificate
  - Australian Passport
  - Certificate of evidence of resident status
  - Valid visa with work rights

Do you have a current Drivers Licence?

- Yes, provide number \_\_\_\_\_
- No

**SECTION 2          EMPLOYMENT HISTORY (CURRENT OR MOST RECENT FIRST)**

**Three most recent and/or current employers (please list):**

Current Employer (full name and address):

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Dates (from/to):

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Position & Duties:

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Reason for leaving:

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Supervisor/Manager's Name:

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Employer (full name and address):

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Dates (from/to):

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Position & Duties:

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Reason for leaving:

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Supervisor/Manager's Name:

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Employer (full name and address):

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Dates (from/to):

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Position & Duties:

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Reason for leaving:

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Supervisor/Manager's Name: \_\_\_\_\_

**SECTION 3 EDUCATION AND QUALIFICATIONS**

| Type                       | School/College/<br>Institution Name | Date<br>To/From | Level Achieved Result |
|----------------------------|-------------------------------------|-----------------|-----------------------|
| Secondary<br>School        |                                     |                 |                       |
| Trade<br>Qualifications    |                                     |                 |                       |
| Tertiary<br>Qualifications |                                     |                 |                       |
| Professional<br>Courses    |                                     |                 |                       |
| Others                     |                                     |                 |                       |

**SECTION 4 POSITION PARTICULARS**

Type of employment sought (please tick):  Full Time  Part Time  Casual

Relevant tickets and/or licences held:

| Licences/ Tickets | Ticket Number | Expiry Date |
|-------------------|---------------|-------------|
|                   |               |             |
|                   |               |             |
|                   |               |             |
|                   |               |             |

**SECTION 5 REFEREES NOMINATED**

Referee's Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Referee's Name:

Position Held: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**SECTION 6 HOBBIES & INTERESTS**

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

**SECTION 7 MEDICAL CONDITIONS**

Please Note: You may be required to undergo a pre-employment medical to verify your fitness to work at Bestlan.

Do you have any illness, injury or disability that would prevent you from fully carrying out all of the duties of the position applied for?  Yes  No

If yes please give details \_\_\_\_\_  
\_\_\_\_\_

**SECTION 8 PROFESSIONAL/ASSOCIATION MEMBERSHIPS**

| Organisation | Membership Status | Renewal Date |
|--------------|-------------------|--------------|
|              |                   |              |
|              |                   |              |
|              |                   |              |

**Please Note:**

- All applications will be treated confidentially and fairly.
- If you are unsuccessful, your application will be destroyed unless you provide permission in writing for Bestlan to keep your application on file.
- This information will be used for recruitment and selection purposes only.

I authorise Bestlan to obtain any information regarding my previous employment and to contact nominated referees.

I also declare that the information contained in this employment application is true, complete and correct in every detail, to the best of my knowledge and belief.

I acknowledge and accept that a false statement or dishonest answer to any question may be grounds for my being asked to show cause as to why my employment should not be terminated should my application be successful.

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

OFFICE USE ONLY

COMMENTS

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|            |  |           |  |                              |           |          |
|------------|--|-----------|--|------------------------------|-----------|----------|
| POSITION   |  |           |  | EMPLOYEE NO                  | TIME CODE | PAY CODE |
| START DATE |  |           |  | SIGNATURE OF PAYROLL OFFICER |           |          |
| CASUAL     |  | FULL TIME |  | DEPT:                        |           |          |