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**APPLICATION FOR EMPLOYMENT**

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***STRICTLY PRIVATE & CONFIDENTIAL***

***- MANAGEMENT USE ONLY -***

**Microlite Pty Ltd**

**ACN123 293 822**

**SAMPLE**

**STRICTLY PRIVATE & CONFIDENTIAL – MANAGEMENT USE ONLY**

**Microlite Pty Ltd ACN123 293 822**

**APPLICATION FOR EMPLOYMENT**

**Part-I. Employee Details**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Nominated Bank Account for Payment of Wages/Salary:

BSB: \_\_\_\_\_ Account No: \_\_\_\_\_

Account Name: \_\_\_\_\_

Branch: \_\_\_\_\_ Bank: \_\_\_\_\_

Are you an Australian citizen? Yes  No

If not, do you have a Work Visa? Yes  No

Please specify the expiry date of your Work Visa: \_\_\_\_\_

**(Please attach a copy of your Work Visa to this Application)**

Initial: \_\_\_\_\_

**Part-II. Position and Hours of Work**

What position are you applying for?

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What type of employment are you seeking?

Full Time

Part Time

Casual

When are you able to commence employment?

\_\_\_\_\_ days

\_\_\_\_\_ weeks

Are you able to work a flexible schedule?

Yes

No

If no, provide details:-

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Please specify the days and hours that you are available to work in the table provided below:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From _____ am/pm						
To _____ am/pm						

Are there any dates that you are not available?

Yes

No

If yes, provide details:-

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**Part-III. Education and Training**

Do you have any qualifications (e.g. University degree, TAFE diploma or certificate)?

Initial: \_\_\_\_\_

Yes

No

If yes, provide details including course name, institution name, year commenced and year completed:-

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Have you completed any training courses and/or programs that you feel may be relevant to your application for employment? Yes  No

If yes, please provide us with full details including course program name, institution name, year commenced and year completed.

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Have you completed the Industrial Design accreditation course?

Yes

No

I am enrolled

**(If yes, please attach a copy of your Certificate of Accreditation to this application)**

**Part-IV. Previous Employment**

**(You must complete at least two including Immediate Previous Employer)**

**(1) Immediate Previous Employer:** \_\_\_\_\_

Your Position: \_\_\_\_\_

Initial: \_\_\_\_\_

Duties: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Referee: \_\_\_\_\_ Referee's Position \_\_\_\_\_

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

(2) **Previous Employer:** \_\_\_\_\_

Your Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Referee: \_\_\_\_\_ Referee's Position: \_\_\_\_\_

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

(3) **Previous Employer:** \_\_\_\_\_

Your Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Referee: \_\_\_\_\_ Referee's Position: \_\_\_\_\_

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

Have you ever been involuntarily discharged from a position: Yes  No

If yes, provide details:-

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

**(Please attach a copy of your Resume to this Application)**

Initial: \_\_\_\_\_