**JOB APPLICATION FORM**

This template form is intended to assist member businesses develop their own job application form. The following information should be used as a guide only. Any wording changes, other than those to insert a business name, may change the context, meaning or purpose of the checklist. We recommend you receive advice from the Victorian Chamber of Commerce and Industry prior to making such changes.

## Contacting the Victorian Chamber of Commerce and Industry

The Victorian Chamber’s team of experienced workplace relations advisors can assist members with a range of employment, human resources and industrial relations issues.

Our experienced workplace relations consultants can also provide assistance to both members and non-members on a range of more complex matters for a fee-for-service. The consultants can, among other things, provide training to employees, conduct investigations and provide representation at proceedings at the Fair Work Commission.

For assistance or more information, please contact the Workplace Relations Advice Line on (03) 8662 5222.

Disclaimer

The information contained in this document has been prepared by the Victorian Chamber of Commerce and Industry in this format for the convenience and benefit of its members and is provided as a source of information only. The Victorian Chamber does not accept responsibility for the accuracy of the information or its relevance or applicability in particular circumstances. The information does not constitute, and should not be relied on, as legal or other professional advice about the content and does not reflect the opinion of the Victorian Chamber, its employees or agents. The Victorian Chamber and its employees, officers, authors or agents expressly disclaim all and any liability to any person, whether a member of the Victorian Chamber or not, in respect of any action or decision to act or not act which is taken in reliance, whether partially or wholly, on the information in this communication. Without limiting the generality of this disclaimer, no responsibility or liability is accepted for any losses incurred in contract, tort, negligence, or any other cause of action, or for any consequential or other forms of loss. If you are uncertain about the application of this information in your own circumstances you should obtain specific advice.

## **JOB APPLICATION FORM**

## Application for employment

Date of Application: Division:

Position Applied for: Reporting to:

Requirements of the position:

*[EMPLOYER SHOULD LIST REQUIREMENTS THAT ARE ESSENTIAL TO THE POSITION EG; ESSENTIAL TASKS, WHETHER THERE IS A NEED FOR A PERSON TO WORK FULL TIME, PART TIME,ETC, THE PHYSICAL REQUIREMENTS OF THE POSITION EG THE ABILITY TO BE ABLE TO TYPE OR LIFT CERTAIN ITEMS ETC. ALTERNATIVELY, THE EMPLOYER CAN LIST REQUIREMENTS IN A POSITION DESCRIPTION THAT SHOULD BE SUPPLIED AT THE TIME THE EMPLOYEE APPLIES FOR THE JOB].*

## Personal Details

Surname: Given name:

Address: Postal address:

Telephone number (m): Telephone number (w):

Telephone number (h): Email Address:

Do you hold a current Australian driver’s licence? (Delete if note relevant to the position) YES/NO

## Education and Qualification Details

Please list details of schools, colleges, universities attended and qualifications

|  |  |  |
| --- | --- | --- |
| Date of attendance | Institution Attended | Qualification(s) achieved |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Previous Employment History

Please list details of your last three positions held

|  |  |  |
| --- | --- | --- |
| Period of Employment | Name of Employer | Position title |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please provide details of the basis for your ability to work in Australia (eg Australian citizen, holder of appropriate working visa — provide visa type and number)

[If applicable to the position]

Do you speak, read or write in any language(s) other than English? (Please circle) YES/NO

If so, which language(s)?

## Criminal History Check

*[This will only be relevant for employment of certain categories of employees: eg: casino employees, health care, banking & finance, child-care, disability service providers and some sectors of the public service. Otherwise, you should not include the questions unless it is related to the inherent requirements of the position.*

*Criminal records checks are conducted as part of licensing or registration for security officers, nurses and other health care professionals, commercial and private inquiry agents, applicants for some real estate licences and certain dangerous occupations regulated by WHS/OHS regulations.]*

Have you ever been convicted\* of a criminal offence? (Please circle) YES/NO

If so, please list offence(s)?

## Medical Information

*[QUESTIONS MUST BE CLEARLY RELEVANT TO THE WORK IN ISSUE AND NOT A GENERAL INQUIRY INTO THE PERSON’S HEALTH. QUESTIONS SHOULD BE MODIFIED TO SUIT THE REQUIREMENTS OF THE PARTICULAR POSITION AND BUSINESS.]*

Do you have any health problems or a medical condition that may affect your ability to perform the requirements of the position *[AS SPECIFIED ABOVE OR IN THE POSITION DESCRIPTION ATTACHED TO THIS APPLICATION?]*

If so, please provide the details:

[In most cases, pre-employment medical tests are not appropriate and leave you open to complaints of disability discrimination. However, in some circumstances, it may be appropriate or even necessary to require a pre-employment medical if there are specific health risks associated with the job or it relates to the inherent requirements of the position.]

Would you agree to undergo a medical examination to assess your suitability to be able to carry out the requirements of the position?

## Travel Commitments and Additional Hours

[If applicable to the position]

*[Specify travel requirements and night and weekend work required].*

Are you able to undertake country or interstate travel as specified?

Are you able to undertake work on weeknights or weekends as specified?

## Referee List

Please list below three referees whom we can contact regarding your suitability for the position:

|  |  |
| --- | --- |
| Name of referee, organisation and position held | Contact telephone number  Position title |
|  |  |
|  |  |
|  |  |
|  |  |

If we offer you the position, when are you available to start work?