**RECRUITMENT – JOB APPLICATION**

The exact format and contents of this template will vary according to the organisation. Therefore, the following template can be used as guide and relevant changes made accordingly. However, any wording changes, other than those to insert a company or a person’s name(s), may change the context, meaning or purpose of the template and we recommend you receive advice from our Workplace Relations Consultants 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 team of consultants can also provide assistance to both members and non-members on a range of more complex matters for a fee-for-service. Our 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**

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|  |  |
| --- | --- |
| Position: |  |

## Personal Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Given name/s: |  | | | Family name: | |  |
| Title (circle): | Mr / Mrs / Miss / Ms / Dr | | |  | |  |
| Postal address: |  | | | | | |
|  |  | | | Postcode: | |  |
| **Contact details** | | | |  | |  |
| Business phone: |  | | | Home phone: | |  |
| Mobile: |  | | | Email: | |  |
| Are you able to work legally in Australia? | | Yes | No | |  | |

## Employment history

1. **Manual, support jobs** (e.g. clerical, customer service)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current employer  (if any) | Previous employer 1 | Previous employer 2 |
| **Name:** |  |  |  |
| **Address:** |  |  |  |
| **Job title:** |  |  |  |
| **Duties:** |  |  |  |
| **Dates:** |  |  |  |

1. **Executive, managerial or specialist jobs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** (From/To) | **Employer name and nature of business** | **Position held and main duties** | **Reason for leaving** | **Salary** |
|  |  |  |  |  |
|  |  |  |  |  |

## Medical history

Do you know of any medical reason why, if appointed, you would be unable to carry out the inherent requirements of the position? If so, please provide details.

Are there any reasonable actions this employer could take to accommodate the issue outlined above, so that you would be able to perform the job (e.g. reasonable modifications to work station, work equipment or work conditions?)

Do you have any pre-existing illness or injury which could be affected by the work duties as described in the job specifications?

**Attach current CV to this Job Application**

## Reference check consent form

I do/do not want my present employer contacted.

*Provide names and contact details of two business referees who can be contacted for references.*

## Referees

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name: |  | Contact details: |  |
| 2. Name: |  | Contact details: |  |
| I confirm that the above referees have been contacted by me and have consented to acting as a referee on my behalf | | | |
| Signature: |  | Date: |  |

I understand that failure to gain the consent of the persons listed above to act as referees may result in **[INSERT COMPANY NAME]** not being able to source employment on my behalf, or withdrawing or limiting future employment assistance or **[INSERT COMPANY NAME]** not considering me for employment.

I further understand that only information which may assist me gain employment or assess my suitability for employment will be sought from the referees, and that such information will be handled in accordance with **[INSERT COMPANY NAME]** Privacy Policy, including the provision of access to that information.

I understand that any false or misleading information given in this application may render my contract of employment, if I am appointed, liable to termination. I declare that to the best of my knowledge the above information and that submitted in any accompanying documents, is correct.

Signature: Date