



## EMPLOYMENT APPLICATION

Given Name:	Surname:	
Address:		Postcode:
Phone (Home):	Mobile:	
Date of Birth:	Email:	

**AVAILABILITY- What hours are you available? If you are at school, please consider the time it will take to get from school to the store.**

Monday: \_\_\_\_\_

Friday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Sunday: \_\_\_\_\_

Thursday: \_\_\_\_\_

**DEPARTMENTS- which departments do you want to be considered for? Please circle.**

Grocery

Customer Service

Produce

Meat

Deli

Café

Dairy Freezer

Administration

Bakery

Back dock

OFFICE USE ONLY		
P	D	C
1 = E    2 = G    3 = N		



## EMPLOYMENT APPLICATION

**LEAVE-** do you have any leave planned between now and end of January 2020?  
Please list.

---



---

EDUCATION & TRAINING, if on resume write refer to resume				
Period		Name of School / Establishment		Standard Reached
From	To			

  

EMPLOYMENT HISTORY, if on resume write refer to resume					
Company	Phone No.	Employment Dates		Position	Reason for Leaving
		From	To		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		

Will you be continuing your current employment if successful with White's IGA? ( ) Yes ( ) No

SPECIAL QUALIFICATIONS OR LICENSES (Licenses Held e.g. Fork-lift, Car, Truck etc.)	
*	*
*	*



## EMPLOYMENT APPLICATION

ADDITIONAL INFORMATION	
Are you still in school / studying?	( ) Yes ( ) No
Are you legally entitled to work in Australia?	( ) Yes ( ) No
In the last ten years, have you been convicted of any criminal offences? <u>If Yes, Please Detail</u>	( ) Yes ( ) No
*	
DISABILITIES	
A disability or medical condition is not necessarily an obstruction in gaining employment with <i>White's IGA</i> however; to assist us in assessing your application we ask you please provide detail.	
Do you have a disability or medical condition likely to affect or be affected by your employment with <i>White's IGA</i> ?	( ) Yes ( ) No
<u>If 'Yes', Please detail</u>	
*	

### DECLARATION

By signing this application,

I \_\_\_\_\_ (print full name) confirm that the information provided above is true and correct. I understand that if any information provided in my application form, resume or during interview is found to be false or misleading, White's IGA may withdraw any offer of employment or terminate my employment.

*Please note: White's IGA will retain this application for up to 3 months should any future positions arise.*

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: / /

FULL NAME: \_\_\_\_\_

All information on this form will be treated as strictly confidential