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## APPLICATION FOR EMPLOYMENT FORM

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Attached is an Application for employment form, which you are requested to complete, personally. The Application form is a source of information, which will be used by the Employer to assist us when considering your suitability for the position for which you are applying. If successful, such information shall form part of our personnel records. Failure to supply the information requested would prejudice our ability to assess your suitability.

You are entitled to have access to this information upon request to:

Anthony Lima at [anthony.lima@revogroupau.com](mailto:anthony.lima@revogroupau.com) who is the Privacy Officer.

This information is currently held at:

Name of Organisation: Revo Group Pty Ltd

Address: We will only keep soft copies on the secure staff folder in our cloud admin drive.

Information relating to unsuccessful Applicants shall be retained for a period of not more than 12 months.

The above information is provided in accordance with the Privacy Act 1988.

# APPLICATION FOR EMPLOYMENT FORM

Note: The completion of this form does not indicate that there is any obligation on the company to engage the Applicant.

Feel free to add additional answers or more information that you feel is relevant in the spare spaces.

## 1 PURPOSE

This information is collected for the purpose of assessing your suitability for employment with the company.

Do you consent to us retaining the information provided on this Application for the purposes of considering your suitability for any other position which may arise with us in the future?

Yes/No (please circle)

Please Print Name: \_\_\_\_\_

Position applied for: \_\_\_\_\_

## 2 APPLICANTS DETAILS

Mr Mrs Miss Ms (circle preferred title)

Surname: \_\_\_\_\_

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

Preferred Name: \_\_\_\_\_

Are you known by any other name(s)? Yes/No (please circle)

If yes give details: \_\_\_\_\_

## 3 MOTIVATION

What motivates you most when it comes to your career? For example; job security, interesting work, challenging work, personal growth, flexible conditions, providing for your family, maximum earning potential. No right or wrong answers, it just allows us to get to know you better, quicker.

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## 4 CONTACT DETAILS

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

\_\_\_\_\_

Telephone Home Phone No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

## 5 EMERGENCY CONTACT PERSON

*Name, phone number and address of person you would like us to notify in an emergency situation:*

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

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

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Mobile No: \_\_\_\_\_

## 6 RESIDENT STATUS

Are you a citizen of Australia? Yes/No (please circle)

If no, do you have the right of permanent residence? Yes/No (please circle)

If no, do you have a work permit (production of a passport is required for verification)?

Yes/No (please circle)

Are you a citizen of New Zealand? Yes/No (please circle)

If no, do you have the right of permanent residence? Yes/No (please circle)

If no, do you have a work permit (production of a passport is required for verification)?

Yes/No (please circle)

## 7 EDUCATION

Job Relevant Qualifications: (Schooling?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Qualifications: (including, certificates, licences or courses, sporting achievements, etc.)

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Languages: Can you speak any language other than English? Yes/No (please circle)

If yes give details: \_\_\_\_\_

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Please describe any skills you hold which you believe are relevant to the position applied for (including any relevant computer skills):

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## 8 EMPLOYMENT HISTORY

### 8.1 PRESENT OR MOST RECENT EMPLOYER

From \_\_\_\_\_ to \_\_\_\_\_

Company/Organisation: \_\_\_\_\_

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

Job Held: \_\_\_\_\_

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

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No. of Hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

## 8.2 NEXT MOST RECENT EMPLOYER

From \_\_\_\_\_ to \_\_\_\_\_

Company/Organisation: \_\_\_\_\_

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

Job Held: \_\_\_\_\_

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

\_\_\_\_\_

No. of Hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Give details of any other job which may be relevant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Have you ever worked for us before? Yes/No (please circle)

If yes, where/when and in what role?

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Do you have secondary employment or a side business? Yes/No (please circle)

If yes, please give details

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What do you consider your strengths to be, academically and personally?

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If your application is accepted when could you commence employment?

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I consent to an authorised representative of the company seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released. Yes/No (please circle)

If yes,

Date \_\_\_\_\_ Signature \_\_\_\_\_

## 9 AUTHORITY TO COMPLETE A CREDIT CHECK

We may conduct credit history, educational and background checks on people who are successful applicants for positions where there is a significant financial risk. Any offer of employment is conditional upon the result of these checks. Positions that involve significant financial risk include where the position has financial delegation or where the position has access to our systems (e.g. payroll) and could manipulate payments through those systems.

Equifax Australia Information Services And Solutions Pty Limited is used to conduct credit history checks. Equifax is regulated as a credit reporter by the Privacy (Credit Reporting) Code 2014, issued by the Office of the Australian Information Commissioner pursuant to powers conferred by the Privacy Act 1988.

The Applicant understands that the position which they have applied for involves significant financial risk and they therefor authorise the following:

- a) Equifax to give us information about you for the purpose of a pre-employment check for a position involving significant financial risk.
- b) Us to give your personal information to Equifax, and you agree that Equifax will hold that information on their systems and use it to provide their credit reporting service.
- c) When other Equifax customers use the Equifax credit reporting service, Equifax may give the information to those customers.

If yes,

Date \_\_\_\_\_ Signature \_\_\_\_\_



## 10 GENERAL

Please circle applicable answer

- |   |                  |
|---|------------------|
| Are you prepared to work shifts if required to do so?           | Yes / No / Maybe |
| Are you prepared to work overtime if required?                  | Yes / No / Maybe |
| Are you prepared to work weekends if required?                  | Yes / No / Maybe |
| Are you prepared to work away from home up to a week at a time? | Yes / No / Maybe |
| Are you prepared to work away from home for longer periods?     | Yes / No / Maybe |

Subject to a satisfactory National Police Check (NES) being carried out: -

Are you awaiting the hearing of charges in a civil or criminal court of law on charges that may affect your application for this position? Yes / No

Have you ever been convicted of a charge in a court of law that may be viewed by us as having an effect on your application for this position? Yes / No

## 11 DRIVERS LICENCE

Do you have a current driver's licence? Yes/No

If yes, what class/classes?

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Driver's Licence Number

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Do you have any demerit points or endorsements? Yes/No

If yes, please detail

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What transport arrangements do you have to attend your place of employment?

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## 12 HOBBIES/INTERESTS

What are your interests/hobbies/sports/clubs or community activities?

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Are you at present receiving medical treatment and/or medication that may affect your ability to effectively perform the employment duties pertaining to the employment position applied for?

Yes/No

If yes, please detail

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Have you ever suffered from a back injury that may affect your ability to perform your employment duties? Yes/No

If yes, please detail

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State any serious injury, illness or medical condition caused by gradual process, disease or infection you have suffered that may affect your ability to effectively perform the employment duties pertaining to the employment position applied for?

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Do you have any other known condition whatsoever which may affect your ability to effectively perform the employment duties pertaining to the employment position applied for? Yes/No

If yes, please detail

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Have you had any illness, injury or medical condition caused by gradual process, disease or infection that may be aggravated or further contributed to by the tasks pertaining to the employment position applied for? Yes/No

If yes, please detail

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Eyesight                      Good                          Not so good   

Do you wear glasses/contacts etc? Yes/No

Smoker                      Smoker                          Non-Smoker

## 13 DECLARATION

I, \_\_\_\_\_ (full name) declare that to the best of my knowledge the information supplied in this application and in any curriculum vitae and/or resume provided is correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted for employment with the company or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical details and/or medical history may result in my loss of entitlement for any compensation from Medicare.

I understand that as part of my application for this position I am to complete the Request for Personal Information Form attached to this Application for Employment Form.

SIGNED

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Print or type Applicant's Name)

\_\_\_\_\_  
(Date)

### 13.1 WITNESS SIGNATURE

SIGNED

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Print or type Witness's Name)

\_\_\_\_\_  
(Witness Occupation)

\_\_\_\_\_  
(Witness Address)

\_\_\_\_\_  
(Date)

APPENDIX A OFFICE USE ONLY

A.1 INTERVIEWER'S COMMENTS:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A.2 REFERENCE COMMENTS:

Reference Checks Completed      Yes/No

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A.3 ADDITIONAL COMMENTS

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