HUME PROTECTION GROUP

59 Roseneath St, North Geelong 3215. Ph 5222 5844

APPLICATION FORM FOR EMPLOYMENT

1. **SURNAME**_____**GIVEN NAMES**_____

2. **EMERGENCY CONTACT**_____

3. **ADDRESS**_____

4. **DATE OF BIRTH:** _____/_____/_____   4. **PLACE OF BIRTH**_____

5. **DRIVERS LICENCE DETAILS**: D/L #:_____ **STATE**_____

6. **SECURITY LICENCE: Number**_____

7. **PHONE NUMBER:** (H) _____ **MOBILE** _____

8. **WORK TYPE**:   **FULL TIME** ☐   **PART TIME** ☐   **CASUAL** ☐

9. **HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST**   YES ☐   NO ☐

IF YES, DETAILS

COURT	YEAR	OFFENCE TYPE	CONVICTION YES / NO

10. DO YOU HAVE ANY MEDICAL CONDITIONS   YES ☐   NO ☐
IF YES YOU MUST DISCLOSE ALL DETAILS

CONDITION	AGE OF CONDITION	CURRENT ISSUES

11. DO YOU TAKE ANY FORM OF DRUGS?   YES ☐   NO ☐
IF YES DETAIL: _____

12. DO YOU AGREE TO UNDERTAKE A MEDICAL EXAMINATION (INCLUDING DRUG SCREEN)   YES ☐   NO ☐

13. EMPLOYMENT HISTORY: (START WITH PRESENT OR LAST POSITION)

EMPLOYER: _____

ADDRESS: _____

SUPERVISOR: _____ PHONE: _____

POSITION TITLE: _____ FROM: _____ TO: _____

DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____

SUPERVISOR: _____ PHONE: _____

POSITION TITLE: _____ FROM: _____ TO: _____

DUTIES: _____

REASON FOR LEAVING: _____

14. ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?   YES ☐   NO ☐

15. DO YOU HAVE A RESUME/ C.V?   YES ☐   NO ☐
(If yes please Attach with this Application)

16. ARE YOU A RESIDENT OF AUSTRALIA?   YES ☐   NO ☐

17. THIS COMPANY HAS A REASONABLE STANDARD OPERATION PROCEDURES IN PLACE AND HUME PROTECTION GROUP WOULD EXPECT EMPLOYEES TO COMPLY.

DO YOU AGREE?   YES ☐   NO ☐

18. ARE YOU PREPARED TO WORK NIGHT SHIFT, WEEKENDS AND PUBLIC HOLIDAYS?   YES ☐   NO ☐

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT ANY FALSE INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR NOT HIRING ME OR TERMINATING MY EMPLOYMENT IN THE FUTURE IF INFORMATION IS FOUND TO BE INCORRECT. THIS APPLICATION REMAINS THE PROPERTY OF HUME PROTECTION GROUP. IF THE APPLICANT IS UNSUCCESSFUL ALL INFORMATION IN RELATION TO THE APPLICANT WILL BE DESTROYED.

SIGNATURE:_____ DATE:_____

PRINT NAME IN FULL:_____