

## JOB APPLICATION FORM

Please complete and return this along with your Resume, Cover Letter and any other associated documentation to [mtencate@furniturecourt.com.au](mailto:mtencate@furniturecourt.com.au)

<b>POSITION</b>	Which position are you applying for:		
<b>PERSONAL DETAILS</b>	Given name(s)	Surname	Title (Mr, Mrs, Miss, Ms)
<b>CONTACT DETAILS</b>	Street Address		
	Suburb	State	Postcode Country (if not Australia)
	Home Number	Mobile Number	Work Number
	Preferred Email Address		
<b>EDUCATION &amp; TRAINING</b>	Name of qualification	Year commenced	Year completed Name of institution
	First Aid Certificate: Yes <input type="checkbox"/> No <input type="checkbox"/> Medication Training: Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Any other relevant Training:		
<b>PREVIOUS EMPLOYMENT</b>	Previous Employer: Employer 1		Employer 2
	Name of Employer:		
	Position held:		
	Reason for leaving:		
<b>LANGUAGE &amp; NATIONALITY</b>	Are you an Australian citizen or Permanent Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If No, visa type:		
	Details of work conditions:		
	Issue Date:	Expiry Date:	
	Languages known other than English including Auslan and Finger Spelling:		

<b>OTHER DETAILS</b>	Do you have a current Australian Drivers Licence: Yes <input type="checkbox"/> No <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/>
	If no, do you have an International Drivers Licence: Yes <input type="checkbox"/> No <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/>
	Have you ever been disqualified from driving: Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please provide details:

<b>REFEREES</b> Please provide two (2) employment referees	<b>Name:</b>	<b>1<sup>st</sup> Referee</b>	<b>2<sup>nd</sup> Referee</b>
	<b>Position:</b>		
	<b>Organisation:</b>		
	<b>Contact number:</b>		
	<b>Email address:</b>		

## DECLARATIONS

### HEALTH

Do you have any previous or current medical conditions or restrictions, physical or otherwise, which may affect your ability to perform the essential requirements of the job?

Yes  No

If YES, please provide details:

*Important Note: Disclosure of a medical condition or restriction does not necessarily exclude an applicant from employment.*

## DECLARATION BY THE APPLICANT

1. I understand that any misrepresentation of facts in this application could be cause for termination if employed.
  2. I consent to any reference checks which may be necessary to support this application.
  3. I understand Associated Furnishers (QLD) Limited reserves the right to verify my passport, visa, driver's licence, demerit points, Working with Children and National Police Clearance details (this includes access to details of any spent convictions) and I consent to Senses Australia conducting independent verifications.
- I, hereby declare that the information contained in this application is to the best of my knowledge true and correct.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_