

Application For Employment

Privacy Information

This information is being collected solely for the purpose of recruitment and assessing your application for employment. This information is not disclosed to any organisation during the recruitment process, unless required or authorised by law. Referees may be contacted and references made without consulting you. If you are successful in obtaining a position, it will then form part of your employment record. If you are unsuccessful, the information collected about you including this form will be destroyed within 3 months of you having made the application. In completing and signing this application, you are consenting to us collecting information for the purposes indicated, however failing to provide any of the requested details might affect our ability to assess your application or further progress your application. You are able to access the information contained in this application and the information collected through any reference check by contacting us via written request to the address which is located below until it is destroyed. (see above)

Email: admin@busseltonjetty.com.au Web: www.busseltonjetty.com.au Mail To: Busselton Jetty, PO Box 851, Busselton, WA, 6280
Phone: 08 9754 0900

Busselton Jetty (Inc) is an equal opportunity employer.

Date of Application:					
Position Applied For:					
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Tick One: Full Time	Part Time	Casual			
Personal Particulars					
Surname:			Given Names:		
Address:			Postcode:		
Postal Address (If different from above):					
Phone (Business):	Phone (Home):	Phone	(Mobile):		
Email Address:			D.O.B:		
Australian Citizen Yes / No			If No, Working Visa Expiry Date:		
Emergency Contact Details:					
Drivers Licence Yes / No Class:			Police Clearance Yes / No		
First Aid Certificate: Yes / No	Т	ype:	Renewal Date:		
	Ed	ucation, Qualifications ar	nd Relevant Training Courses		
Please provide details of secondary and t	tertiary education yo	u have completed or are cu	urrently undertaking.		
Secondary Education Year/ Level Re	eached:	Institution Attended:	Date Completed:		
Tertiary Education Qualification:		Institution Attended:	Date Completed:		
Other Qualifications					
Please provide details of any other relevant qualifications/ certificates held:					

Employment History					
Company Name:	Type of Business:				
Position Held:	Reporting To:				
Length of Service: From:	То:				
Duties/Responsibilities:					
Reason For Leaving:					
Referee Name: Position:	Contact Ph:				
Company Name:	Type of Business:				
Position Held:	Reporting To:				
Length of Service: From:	То:				
Duties/Responsibilities:					
Reason For Leaving:					
Referee Name: Position:	Contact Ph:				
Company Name:	Type of Business:				
Position Held:	Reporting To:				
Length of Service: From:	То:				
Duties/Responsibilities:					
Reason For Leaving:					
Referee Name: Position:	Contact Ph:				
Company Name:	Type of Business:				
Position Held:	Reporting To:				
Length of Service: From:	То:				
Duties/Responsibilities:					
Reason For Leaving:					
Referee Name: Position:	Contact Ph:				
Other Inf	formation:				
Please list any information you feel is relevant to this application					

He	alth
Do you have any circumstance, disability, allergy or medical condition that may impact or	n your ability to perform the tasks outlined in the position description which are
required for this role?	Yes / No If "Yes" Please provide details below
Please note that any offer of employment, due to the nature of the business, may be subject to a medical exar	nination to ensure appropriate fitness to undertake the position applied for.
Workers C	ompenation
If you have lodged claims for workers compensation or sustained a lost time injury pleas	e provide full details below
"Section 79 of the Workers Compensation and Rehabilitation Act 1981 gives the Workers Compensation Boar	d discretion to refuse to award compensation which would otherwise be payable, where
it has been proved that the worker has, at the time of seeking or entering employment wilfully and falsely repre	esented him/ herself as not having previously suffered from the disability, the subject
of the claim of compensation".	
Injury Suffered:	Date of Injury:
Time Required Off Work:	
Employers Contact Details:	
Conv	ictions
Do you have any current convictions for any offences from any court, or are you currently	y the subject of any charge pending before the court? Yes / No
If "Yes" please provide details below	
Applicant	: Authority
I certify that the information I have submitted is both true and correct and I understand the	at Busselton Jetty Inc reserves the right to verify all information provided and that
false/ misleading information will be sufficient reason for my application to be declined o	r for my immediate dismissal in the event that I am hired.
Signature Of Applicant:	Date: