

IBF Employment Application Form

This application form must be completed as accurately as possible. It is essential for the processing of your application for employment that all questions are answered. Each applicant must accept that no guarantee of employment is given by the completion of this form.

Applicant Details

Employee surname _____

First names _____

Position applied for _____

Are you seeking full-time part-time Casual employment?

Preferred number of hours p/w _____

Address (residential) _____

_____ Post code _____

Postal address (if different from above) _____

_____ Post code _____

Telephone (after hours) _____

Telephone (Mobile) _____

Are you legally entitled to work in Australia?

Yes No (If yes, give details) _____

Do you have any physical disability, medical condition or any other condition which may affect your ability to do the job?

Yes No (If yes, give details) _____

Are there any other reasons which may affect your ability to perform the required duties?

Yes No (If yes, give details) _____

Will you agree to undergo a medical examination if requested? Yes No

Education

Qualification	Name of Training Provider	Qualification Level achieved	Date completed

Do you have any other relevant qualifications/abilities e.g. Driver's licences, language, first aid certificate, etc.

Yes No (If yes, give details) _____

Employment History

Have you previously worked for IBF? Yes No (If yes, please give details)

Period: from ____ / ____ / _____ to ____ / ____ / _____

Previous employment (beginning with present or most recent)

Date range	Organisation	Location	Position held

Conditions

Are you prepared to work these shifts? (tick all that apply)

Morning Afternoon Shift Night Shift

If requested would you be able to work outside of normal hours, given appropriate notice?

Yes No Occasionally Rarely

If required would you be able to undertake country/interstate travel given appropriate notice?

Yes No Occasionally Rarely

Name and Contact details of three referees from whom confidential reports may be obtained.

1. _____
2. _____
3. _____

Declaration by applicant

I declare;

- (a) That the answers to the foregoing are to the best of my knowledge true and correct in every way.
- (b) That if my application for employment is successful I will be bound by and will at all times observe and respect such terms and conditions of my employment and such policies and rules as may from time to time be promulgated, specified or otherwise stipulated by my employer.
- (c) That I understand that any erroneous or false declaration made by me in this application may result in disciplinary action, or possible dismissal.
- (d) That I understand that if my application is successful my employment is subject to a satisfactory medical report provided by a medical practitioner nominated by the employer (such examination will be paid for by the employer).

Signature of applicant _____

Dated _____

Please Submit to: IBF SA Inc
Att: HR Manager
186 Glynburn Road
Tranmere SA 5073

For office use only

- Applicants information verified
- Referees contacted
- Unsuccessful hold for months interview

Interview date _____ time _____ location _____

Interviewer _____

Other positions applicant may be suitable for: