

MURES FISH CENTRE

APPLICATION FORM

POSITION APPLIED FOR: _____

COMPANY: (Please tick)

Mures Fishing

Mures Upper Deck

Mures Lower Deck

Mures Tasmania

PERSONAL DETAILS:

MR/MRS/MISS/MS

SURNAME: _____

OTHER NAMES: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: Home: _____ Business: _____

DATE OF BIRTH: ____/____/ 19 ____

ARE YOU A RESIDENT OF AUSTRALIA?

YES

NO

IF NO, DO YOU HOLD A CURRENT WORK PERMIT?

YES

NO

WHEN ARE YOU ABLE TO COMMENCE EMPLOYMENT? _____

EDUCATION:

SECONDARY

TERTIARY

Name of School: _____

Years attended: _____

Results obtained: _____

DO YOU HAVE ANY EXPERIENCE WHICH YOU BELIEVE WILL ASSIST IN THE JOB APPLIED FOR? (Please give details)

DO YOU HAVE A TASMANIAN RSA (RESPONSIBLE SERVING of ALCOHOL) CERTIFICATE:

YES NO

PREVIOUS EMPLOYMENT

EMPLOYMENT HISTORY (1):

NAME OF BUSINESS: _____

ADDRESS: _____

NAME OF MANAGER: _____

& IMMEDIATE SUPERVISOR: _____

YOUR POSITION TITLE: _____

DATE STARTED: ____/____/____ DATE FINISHED: ____/____/____

EMPLOYMENT HISTORY (2):

NAME OF BUSINESS: _____

ADDRESS: _____

NAME OF MANAGER: _____

& IMMEDIATE SUPERVISOR: _____

YOUR POSITION TITLE: _____

DATE STARTED: ____/____/____ DATE FINISHED: ____/____/____

REFEREES:

Please give details of two people who will provide information on your most recent work experience and skills.

1. REFEREE'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

RELATIONSHIP TO YOU: _____

2.REFEREE'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

RELATIONSHIP TO YOU: _____

WHAT IS YOUR PREFERRED SHIFT? DAY NIGHT

If day preferred, are you able to work nights? Yes No

If nights preferred, are you able to work days? Yes No

What days are you available to work if required?

Monday Tuesday Wednesday Thursday

Friday Saturday Sunday

How many days per week are you willing to work? _____

DRIVER'S LICENCE: YES NO

TYPE OF LICENCE: _____

MEDICAL HISTORY

Do you currently, or have you previously suffered any injury or illness which may restrict your ability to perform the job for which you have applied?

YES NO POSSIBLY

If "yes" or "possibly" please specify in more detail:

<u>Injury / Illness</u>	<u>Possible / Actual Effects</u>
_____	_____
_____	_____
_____	_____
_____	_____

Have you ever made a claim for Workers Compensation? YES NO

If "yes", please specify:

<u>Injury / Illness</u>	<u>Year</u>
_____	_____
_____	_____
_____	_____
_____	_____

I hereby certify that the foregoing particulars and answers are to the best of my knowledge accurate and correct and I am aware that any inaccurate statement made, or information withheld, may result in the termination of my employment.

I also give Mures Fish Centre or any agent acting for them the right to speak to my former employers and referees to verify any information relevant to my application.

(Signed applicant)

(Date)

Please return to Mures Fish Centre.