



## APPLICATION FOR EMPLOYMENT

Return this form to:

Suite 18, 12 Tryon Rd Lindfield NSW 2070 Or [nigel@poolaide.com.au](mailto:nigel@poolaide.com.au)

### PRIVATE AND CONFIDENTIAL

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number (landline): \_\_\_\_\_

Telephone number (mobile): \_\_\_\_\_

Email address: \_\_\_\_\_

Current driving licence?

Details of licence: \_\_\_\_\_ Conditions: \_\_\_\_\_

Licence class: \_\_\_\_\_ Expiry date: / /

Are there any restrictions on you taking up employment in Australia?   
*(If yes, please provide details)*

### Work Availability

Position applied for (1) \_ Days/hours available to work  
And salary desired (2) \_ No Pref:\_ Thurs:\_  
Mon:\_ Fri:\_  
Tue:\_ Sat:\_  
Wed:\_ Sun:\_

How many hours can you work weekly? \_

When are you available to work? \_

Employment desired?  FULL-TIME ONLY  PART TIME ONLY  EITHER

### Education history

Schools: \_\_\_\_\_ Qualifications gained: \_\_\_\_\_

Colleges/universities/other: \_\_\_\_\_ Qualifications gained: \_\_\_\_\_

### Employment history

(Please complete in full your most recent employment first and use a separate sheet if necessary)

---

1. Name of employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
Phone Number of employer: \_\_\_\_\_  
Start and End dates: \_\_\_\_\_  
Job title and duties: \_\_\_\_\_

---

Start salary: \_\_\_\_\_ Finish salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Notice required in current role:

---

2. Name of employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
Phone Number of employer: \_\_\_\_\_  
Start and End dates: \_\_\_\_\_  
Job title and duties: \_\_\_\_\_

---

Start salary: \_\_\_\_\_ Finish salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Can we contact this employer?: Yes  No:

---

3. Name of employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
Phone Number of employer: \_\_\_\_\_  
Start and End dates: \_\_\_\_\_  
Job title and duties: \_\_\_\_\_

---

Start salary: \_\_\_\_\_ Finish salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Can we contact this employer?: Yes  No:

---

### Memberships

Please note any professional bodies you are a member of or are registered with.

---

### Other employment / commercial activity

Please note any other employment or commercial activity you would continue with if you were to be successful in obtaining this position.

---

---

### Other Information

Please note any other information to describe your full background and qualifications.

---

---

### References

Please note the names and addresses of two persons from whom we may obtain references.

1.    Name:  
-    Address:  
-    Known in the capacity of:  
      *(i.e. Manager/Education)*
  
2.    Name:  
-    Address:  
-    Known in the capacity of:  
      *(i.e. Manager/Education)*

### About You

In a few words, why are you applying for this job?

---

---

How would you describe your personality?

---

---

What skills can you bring to Pool Doctor?

---

---

Other than earning an income, what motivates you to do well in terms of occupation?

---

---

### Criminal record

Please note any criminal convictions. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory National Police Check and/or Working with Children Check.

---

---



**Bankruptcy**

Please indicate whether or not you have been bankrupt in the last 10 years.

---

---

**Declaration**

(Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any false or misleading information will give my employer the right to terminate my employment without notice.
2. I agree that the employer reserves the right to require me to undergo a medical examination. I understand that should the employer require further information and wish to contact my doctor with a view to obtaining a medical report, the employer will inform me of their intention and obtain my permission prior to contacting my doctor. In addition, I agree that this information will be retained on my personnel file during employment and for up to six years thereafter.
3. I agree that should I be successful in this application, I will, if required, apply for a National Police Check and/or Working with Children Check. I understand that should I fail to do so, or should the check not be to the satisfaction of my employer, any offer of employment may be withdrawn, or my employment terminated.

Signed: \_

Dated: \_ / \_ / \_