Employment Application Form

Please ensure that all fields are completed, signed and dated where required.
Incomplete applications will not be considered. Applications kept on file for 3 months.

1. APPLICANT PERSONAL DETAILS

Given Names: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ _____ Surname: _____

Date of Birth: _____ (Not required to be filled out if over 21 years of age)

Residential Address: _____

Town/Suburb: _____ State: _____ Postcode: _____

Postal Address: _____

Town/Suburb: _____ State: _____ Postcode: _____

Home Phone #: _____ Mobile #: _____

Email Address: _____

2. GENERAL INFORMATION

Job Applying for: _____ Store: Mitre 10 ☐ IGA ☐ Status?: Casual ☐ FT ☐ PT ☐

Have you previously worked at the York Co-op? Yes ☐ No ☐

If Yes, where? _____ Date/s: _____

Position Held: _____

Reason for leaving: _____

In the past 10 years, have you been convicted of any offence? (Excluding traffic offences) Yes ☐ No ☐

If yes, please give details:

Positions in all our stores involve lifting boxes and long periods of standing. Do you suffer from any condition that would prevent you from performing these activities as part of your regular duties in the store? (eg. Back, neck, feet)

Yes ☐ No ☐

If yes, please give details:

Have you made any previous Workers Compensation Claims? Yes ☐ No ☐

If Yes, please give details:

The York Co-op is open 7 days a week, usually from 7am till 7pm. Staff are required to cover these opening hours. Do you have any availability limitations? Yes ☐ No ☐

If Yes, please give details

York & District Co-operative Ltd
ABN 90 863 219 125 138 Avon Terrace, York, Western Australia, 6302
Tel: (08) 9641 0100 Fax: (08) 9641 0166 Email: info@yorkcoop.com.au

4. EDUCATION

School Attended:

Year Completed:

Additional Education:

5. EMPLOYMENT HISTORY (Please advance to section 7 if you do not have any employment history)

Employer One: Position held:

Start Date: End Date:

Duties:

Reason for leaving:

Employer Two: Position held:

Start Date: End Date:

Duties:

Reason for leaving:

Employer Three: Position held:

Start Date: End Date:

Duties:

Reason for leaving:

6. EMPLOYMENT REFEREES

Please provide details of employment referees. A minimum of one referee is to be a person who was a direct supervisor. Please stipulate name, position, company, how long you have known the person, relationship to you and the referee's contact number.

Referee One Name: Contact #:

Company: Position:

Relationship Details:

Referee Two Name: Contact #:

Company: Position:

Relationship Details:

Referee Three Name: Contact #:

Company: Position:

Relationship Details:

7. PERSONAL REFEREES

Please provide details of personal referees. Please stipulate name, how long you have known the person, relationship to you and the referee's telephone number.

Referee One Name: Contact #:

Relationship Details:

Referee Two Name: Contact #:

Relationship Details:

Referee Three Name: Contact #:

Relationship Details:

8. ADDITIONAL SKILLS / INFORMATION

Do you have any other skills, qualifications or any other information that may be of interest? (eg. Languages, training courses, first aid certificate, volunteer work)

Please give details:

Please read the following carefully, then sign and date the application.

I certify that all the answers given by me on this application are true and correct and complete to the best of my knowledge. I give my consent for any and all information given by me to be checked by the York & District Co-operative Ltd. I agree that if hired, I will provide a current police clearance and proof of eligibility to work in Australia. I agree that my continued employment with the York and District Co-operative Ltd may be contingent upon the accuracy of all mentioned information.

Signed: **Date:**

For Office Use Only

Application scanned & logged by: Date:

Acknowledgement sent via: Date: