



Employment Application

Date:...../..../.....

Applicant Information

Full Name: _____ Date Of Birth: ____/____/____
Last Name First Name M.I.

Address: _____
Street Address

City/Suburb State Post Code

Phone: _____ Email _____

Date Available: _____ Centrelink Reference Number (if eligible) _____

Position Applied for: _____

Are you an Australian Citizen? YES NO If no, do you have an Australian work visa.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

To work at Blueline you must be vaccinated against COVID-19 and provide evidence are you vaccinated? YES NO If yes, when? _____

Have you ever been convicted of a crime that would prevent you working with vulnerable people? YES NO To be eligible to work at Blueline Laundry you will be required to have a Working With Vulnerable People card with NDIS Worker Endorsement.

If yes, explain: _____

Education

Highest level achieved _____ Year: _____

Other Education achievements: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Licences Held

Type of Licence	Yes	No	Details
Car Licence	<input type="checkbox"/>	<input type="checkbox"/>	
Truck Licence	<input type="checkbox"/>	<input type="checkbox"/>	
Fork Lift Licence	<input type="checkbox"/>	<input type="checkbox"/>	
Confined Space Training	<input type="checkbox"/>	<input type="checkbox"/>	
Working with Vulnerable People	<input type="checkbox"/>	<input type="checkbox"/>	

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I also understand that I will be required to attend a pre-employment medical as part of the selection process.

Signature: _____ Date: _____