

Employment Application Form



Name	<u>First:</u> _____ <u>Last:</u> _____
DOB	____ / ____ / ____
Address	_____
TFN No	_____
Email	_____
Contact No	_____
Availability	

		Am:	Pm:
Monday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Sunday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Position

- Customer Service
- Kitchen

If not Australian resident please also provide the following

Country of Origin	_____
Visa No	_____
Passport No	_____
If Student	
Course	_____
Institution	_____