

APPLICATION FOR EMPLOYMENT

PERSONAL DETAILS

Please write your name as it appears in your Passport/ Australian Drivers Licence

Last Name :	First Name :
Other Names :	Date of Birth :
Address :	
Email Address :	
Mobile :	Home :
Tax File Number :	ABN Number :
Visa Category :	Residential Status :
Nationality :	

ACADEMIC QUALIFICATIONS / TRADE CERTIFICATES

Please mention most reason qualification first

Qualification title	Institution/ training provider	Year completed

WORK EXPERIENCE

Please mention most reason experience first

Employer Name	Position	Duration From - To	Reason for leaving

AUSCEY INTEGRATED SERVICES PTY LTD

H 137, 28 – 32 Lexington Drive Bella Vista NSW 2153

P: (02) 8818 3110 F: (02) 8818 3111

E: info@auscey.com W: www.auscey.com

**AVAILABILITY**

Day time (6 AM – 6 PM)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Night time (6 PM – 6 AM)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

REFERENCES

Do you agree to have referees contacted in relation to this application : Yes / No

(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential)

Type	Name	Contact Number	Position/ Relationship
Personal			
Work Related			

EMERGENCY CONTACT DETAILS

Name :	Contact Number :	Relationship :

OTHER INFORMATION

When will you be available to start work?	
Please provide any other information that you identify as being pertinent to this application ? (Medical conditions/ Disabilities)	

PHOTO IDENTIFICATION

Type	Number	Expiry Date

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**DECLARATION**

I declare that to the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application. I give consent to AUSCEY Integrated Services to check my Visa status if deemed necessary.

Signature :	Date :
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-----Office Use Only-----

REFERENCE CHECKS

Type	Comments
Personal	
Work Related	

OTHER ACTIONS

Action	Authorize Person	Date	Remarks
Interview Date			
Position for Interview			
Company Induction			
Start Date			
Probation Period end date			
Payroll Details			
Application Unsuccessful			

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