



# APPLICATION FOR EMPLOYMENT

POSITION SOUGHT:     Chef     Kitchen Hand/Steward

## Personal Details

Surname:	Given Name:
Residential Address:	
Suburb:	Post Code:

## Postal Address:(If different from residential)

Suburb:	Post Code:

Phone Number:	Home:	Mobile:
Email:	Date of Birth:	

Are you an Australian Citizen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, have you been granted Permanent Residency:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, have you been granted a temporary Visa / Working Permit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Previous / Current Employment History (Begin with your most recent)

Employer	Position Held	Date From	Date To	Reason for Leaving

## Education / Qualifications

Schooling	Name of School	Level Achieved	Year Completed
Tertiary Education	Name of School	Level Achieved	Year Completed
Training History	Name of School	Level Achieved	Year Completed

## Health Assessment

Compliance with occupational safety and health legislation is a requirement for all work places. We have an obligation to provide a duty of care and a safe working environment for all employees and to ensure that safety is a priority. Disclosure of an illness will not eliminate you from consideration for employment for the position sought.

1. Would you be willing to attend a medical examination if considered necessary by WestChef?

If no, please give reasons:

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2. Do you have any health related problems, disabilities, or pre-existing injuries that may affect your performance in this position? If yes, please give details:

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3. Have you in the past or are you presently suffering any of the following (please tick):

Back injury / condition  Yes  No Date \_\_\_\_\_

Shoulder and or neck injury / condition  Yes  No Date \_\_\_\_\_

Wrist and or elbow injury / condition  Yes  No Date \_\_\_\_\_

Knee and or ankle injury / condition  Yes  No Date \_\_\_\_\_

4. Have you ever claimed workers compensation? If yes, please give details:

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5. If yes, is the workers compensation claim still open? Are you still receiving treatment?

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## Referees

	Name and Position Title	Contact Address	Telephone Number
Current Manager			
Previous Manager			

## Declaration

I declare the above information to be true in all aspects. I acknowledge that any statement that I have made which is found to be false or deliberately misleading will make me, if employed, liable for dismissal. I also understand the duties and tasks required for the position I have applied for.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_