

## EMPLOYMENT APPLICATION

<b>Date</b>	<b>Position:</b> Store Manager <input type="checkbox"/> Store Assistant <input type="checkbox"/> Driver <input type="checkbox"/>
<b>Name</b>	
<b>Address</b>	
<b>Date of Birth</b>	
<b>Contact Details</b>	Mobile Phone Home Phone E-mail
<b>Marital status</b>	Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Divorced <input type="checkbox"/>
<b>Number of dependants</b>	
<b>Drivers Licence</b>	Number _____ Expiry Date _____
<b>Where do you reside?</b>	Your own home <input type="checkbox"/> Renting <input type="checkbox"/> Living with parent/relatives <input type="checkbox"/> Other <input type="checkbox"/> How long have you lived at this address?
<b>What attracted you to Pizza Inn?</b>	
<b>Have you ever applied to or been employed by Pizza Inn before?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Store _____ Date _____ Position _____ Duration _____
<b>Are you currently employed?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Employer Details</b> Current Employer	Name _____ Phone _____ E-mail _____
<b>What are your present duties?</b>	
<b>Previous Employer 1</b>	Name _____ Phone _____ E-mail _____
Reason for leaving this employer?	
<b>Previous Employer 2</b>	Name _____ Phone _____ E-mail _____
Reason for leaving this employer?	
<b>Previous Employer 3</b>	Name _____ Phone _____ E-mail _____
Reason for leaving this employer?	
<b>Do you have any relations or friends working for Pizza Inn?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, give details _____

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<b>Have you been fined or convicted of any crime?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, give details
<b>Your Vehicle</b>	Make: _____ Model: _____ Year: _____ Auto <input type="checkbox"/> Manual <input type="checkbox"/>
<b>Ownership</b>	Own Outright <input type="checkbox"/> Under Finance <input type="checkbox"/> Borrowed <input type="checkbox"/> (Parent's <input type="checkbox"/> Friend's <input type="checkbox"/> )
<b>Condition</b>	Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Reliable <input type="checkbox"/>
<b>Insurance</b>	Comprehensive <input type="checkbox"/> Third Party Property <input type="checkbox"/> Compulsory Third Party Only <input type="checkbox"/>
<b>Insurance Details</b>	Company: _____ Policy Number: _____ Expiry Date: _____
<b>How many years have you been driving?</b>	Years _____ Months _____
<b>Driving Record</b>	Any infringements over the last 5 years? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, give details _____ How many points do you have on your licence? Clean <input type="checkbox"/> Demerit Points: _____
<b>Availability</b>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>
<b>Commitments</b>	What commitments do you have currently that may impact on your availability? School <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Day Job <input type="checkbox"/> Other: _____
<b>Have you ever claimed workers compensation?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, give details _____
<b>Do you suffer from any of the following?</b>	Skin Disorders <input type="checkbox"/> Back Problems <input type="checkbox"/> Limb Disability <input type="checkbox"/> Other Medical Problem <input type="checkbox"/> Give details for anything ticked _____

The above information is true and complete to the best of my knowledge. I understand that false statements, misrepresentations or omission of facts will disqualify my application, or be cause for dismissal if hired and later discovered.

Date \_\_\_\_\_

Signed \_\_\_\_\_