

# I'D LIKE A JOB FORM

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What store would you like to work at? \_\_\_\_\_

## Personal Details:

Full Name : \_\_\_\_\_ Date : / /

Address: : \_\_\_\_\_  
\_\_\_\_\_

Phone : \_\_\_\_\_

Email : \_\_\_\_\_

## List your highest School & Tertiary Qualification:

School Qualification : \_\_\_\_\_ Year : \_\_\_\_\_

Tertiary Qualification : \_\_\_\_\_ Year : \_\_\_\_\_

## List below any other relevant training like Food Safety or First Aid:

\_\_\_\_\_ Year : \_\_\_\_\_

\_\_\_\_\_ Year : \_\_\_\_\_

## List your last 2 previous jobs:

**1.** Company : \_\_\_\_\_

Position : \_\_\_\_\_

Date : From \_\_\_\_\_ To \_\_\_\_\_

Responsibilities : \_\_\_\_\_

Reason for leaving : \_\_\_\_\_

**2.** Company : \_\_\_\_\_

Position : \_\_\_\_\_

Date : From \_\_\_\_\_ To \_\_\_\_\_

Responsibilities : \_\_\_\_\_

Reason for leaving : \_\_\_\_\_

**Please list a minimum of two references we can speak with:**

**1.** Name : \_\_\_\_\_

Relationship : \_\_\_\_\_

Phone : \_\_\_\_\_

Email : \_\_\_\_\_

**2.** Name : \_\_\_\_\_

Relationship : \_\_\_\_\_

Phone : \_\_\_\_\_

Email : \_\_\_\_\_

**Please list any injuries or illnesses that may affect your working duties?**

\_\_\_\_\_

**How many hours a week would you ideally like to work?** \_\_\_\_\_

**What days can you work?** Any Day

**Or** Mon  Tue  Wed  Thu  Fri  Sat

**What hours can you work?** All Day  Or From \_\_\_\_\_ To \_\_\_\_\_

**Apart from the fact that we're an awesome company, or that you'd just like a job where you get paid, tell us why you'd like to work for us?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Final Declaration:**

I, \_\_\_\_\_, consent to Habitual Fix seeking verbal or written information on a confidential basis about me from representatives of my previous employers and / or referees and authorize the information sought to be released by them to Habitual Fix for ascertaining my suitability for the position for which I am applying. I understand the information received by Habitual Fix is supplied in confidence and will not be disclosed to me.

I also declare to the best of my knowledge the information provided in this application and in my resume is accurate and I understand that if any false or misleading information is given, or an material fact suppressed, I will not be employed, or if I am employed, my employment may be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement or any compensation from ACC.

Name : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_