



Frank Lowe and Sons

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last Given Preferred

Address: _____

Phone: _____ Email _____
State Post Code

Position Applied for: _____

Type of work available for Full-time Part-time Casual

Qualifications

Description: _____ Year Completed _____

Description: _____ Year Completed _____

Description: _____ Year Completed _____

Description: _____ Year Completed _____

Description: _____ Year Completed _____

Description: _____ Year Completed _____

Description: _____ Year Completed _____

Description: _____ Year Completed _____

Licences

Current driver's licence? YES NO Current perform high risk licence (forklift) YES NO

Licence Class C LR MR HR HC MC Other Details : _____

Previous Employment (Most Recent First Please)

Employer Name	Dates from/to	Position Held	Reason for leaving	May we contact them?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>

References

Please list three professional references.

References			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			

Other Information

When will you be able to start work Please provide any other information that you identify as being pertinent to this application. (for example, medical conditions, disabilities)	

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Confidential (Office Use Only)

Reference Checks

Name	Comments	Would re-employ?		Initial	Date
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		

Police Checks

Comments

	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

Other Action

Action	Name	Date
Interview		
Offer of employment		
Position		
Acknowledgement letter sent		
Letter of offer sent		
Induction		
Drug & Alcohol Test Completed		
Payroll Details entered		
Probationary period finish		
Notes		
Application unsuccessful		
Letter/email of advice sent		
Application to be destroyed on		
Other		