

REGISTRATION FORM



Registration No:

APPLICANT DETAILS

Casual () Perm () P/T () Contract ()

Given Names: (Mr Mrs Miss Ms)		Surname:	
Address:		Suburb:	Postcode:
Home Phone:	Date of Birth if under 21 years of age: / /	Drivers Licence; Yes/No	Do you have your own Transport: Yes/No
Mobile:	Work Phone:	Email:	
Who may we contact in case of an emergency person's name		Contact Phone Number:	Relationship:
Do you have any Workers Compensation Claim/s outstanding? Yes/No		If Yes give details:	
Do you suffer from any disability that would prevent you from carrying out any type of work? Yes/No		If Yes give details:	

CASUAL & PAYROLL INFORMATION

Are you a Permanent Resident of Australia? Yes/No		Do you hold a Working Visa? Yes/No	
If Yes, what type of Working Visa?	Visa Number:	Visa Expiry Date:	

EDUCATION

Secondary Education:	Standard Reached:
Tertiary Education:	Standard Reached:
Other Relevant Studies:	

REFEREES

Name	Company	Position	Phone

CAREER OBJECTIVE

The Information I have provided on this form is correct. I consent to your checking references with previous employers and providing relevant information to prospective employers as per Active Recruitment's Privacy Policy, which I have read, understood and signed.

APPLICANT SIGNATURE: _____

DATED: _____

Office Use Only:

OH & S Completed

Rate p/h.....

Testing.....

Casual Declaration

Salary:

Scanned

Visa Sighted & copy attached to the candidate file

Privacy Agreement

Resume

References: (1) (2) (3)

Bank Account Details

Position.....

INTERVIEWING CONSULTANT: _____

DATE: _____