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CAVOS PRODUCTS – APPLICATION FOR EMPLOYMENT

Surname: _____ Given Name: _____ Title: _____
 Date of Birth: ____/____/____ Telephone: _____ Mobile: _____
 Position applied for: _____ Full Time: _____ Casual: _____
 Date available to commence: ____/____/____ Availability Days: _____ Nights: _____
 Can you provide proof of identity: Yes _____ No _____ eg: Passport, Birth certificate, Drivers licence
 Are you legally entitled to work in Australia? Yes _____ No _____ Nationality: _____
 Do you speak any language other than English? _____
 How will you travel to work: Public Transport: _____ Private car: _____ other: _____
 Are you affiliated with any union or association? If yes provide name: _____
 Have you had any accidents or made any workers compensation claims? Yes _____ No _____
 If yes, provide details: _____
 Are you suffering from any infectious diseases? If yes, provide specify: _____
 What are your hobbies or interests: _____

Please provide contact details of your work history, from your most recent employer:

Name: _____ Telephone: _____
 Name: _____ Telephone: _____
 Name: _____ Telephone: _____

| General Information | Yes | No | If yes, give details |
|--|-----|----|----------------------|
| Have you ever been discharged from employment because your work or conduct was unsatisfactory? | | | |
| Have you in the last five years been convicted of an offence other than minor traffic infringements? | | | |
| Do you have any objection to enquiries with your present employer regarding qualifications and character? | | | |
| Do you have any objection to us seeking verification and additional information to any matter with this application? | | | |
| Is there any additional information you wish to provide? | | | |

Superannuation Fund Name: _____ Member Number: _____
 Contact Details: _____ Email address: _____

Important Probation: *I understand and accept that as a condition to my obtaining the position applied for, I shall have to undergo a medical, and probationary period as defined by management during which time my performance may be reviewed regularly.*

I understand and agree it is a condition of my employment that:

- (a) *I must formally acknowledge receipt of the staff handbook policy and procedures by signing the declaration which forms part of the document.*
- (b) *I agree to abide by the terms and conditions as laid down in the staff handbook and other documentation which may be issued to me during my period of employment.*

DECLARATION: *I authorise CAVOS PRODUCTS to obtain information from any person concerning my suitability for employment and I hereby release any such person from liability for any damage, claims, costs, expenses which may arise from the provision of such information. I further declare that the statements made by me in this application are true and correct. I understand that a false or misleading answer to any questions in this application will be regarded as misconduct and will be grounds for my dismissal from employment.*

Signature: _____ Date: ____/____/____

OFFICE USE ONLY

| | | | | | |
|----------------------|--|------------|--|---------------------|--|
| Suitable for trial | | Job offer | | Locker number | |
| Unsuitable for trial | | Wage offer | | Commencement date | |
| Reference check | | Full time | | | |
| Medical | | Part time | | Management initials | |