



Application Form

Fax to: NRA
Attention: Angela Paul
07 3251 3052



PLEASE COMPLETE WITH YOUR PERSONAL DETAILS

Personal Details

Last Name:		Date form completed: / /	
First Name:		Vacancy applied for:	
Middle Name:		Direct phone number:	
Street address:			
Postal Address:			
Suburb:		State:	Post Code:
City:		Mobile:	
Business phone no.: ()		Business Fax: ()	
If you are under 18 years of age:			
Name of Parent / guardian:			
Address:			Email:
Emergency contact phone number:			
Citizenship Details: <i>please tick</i>		<input type="checkbox"/> A New Zealand Passport holder resident in Australia for 6 months or more	
<input type="checkbox"/> Australian Citizen or Permanent Resident		<input type="checkbox"/> Other (<i>please state</i>)	

POSITION PREFERENCE

Type of position preferred?	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Casual				
Days required to Work:	<input type="checkbox"/> 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
Area of Employment:	Retail <input type="checkbox"/>	Butchery <input type="checkbox"/>	Bakery <input type="checkbox"/>	Other <input type="checkbox"/>			

EDUCATION DETAILS

School Level, Qualifications and Trainee/Apprenticeships: (please attach page if required) :

- 1.
- 2.
- 3.

WORK EXPERIENCE

(please attach additional pages as required)

Name of Company:	Position title and responsibilities:
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DECLARATION

By signing this form I certify, to the best of my knowledge, the information in this form is complete, true and accurate. I include attached my resume and supporting qualifications certificates. I am aware of and consent to my attendance to a drug and fit for work medical test as arranged by NRA SkillService.

I consent to my documents being forwarded to any prospective employer, members of the education sector and employment services. I give authorization for the information will be held for 3 months and thereafter NRA will destroy them by secure means, unless otherwise requested by me. All files and documents will be held securely and have restricted in access. I am aware that my personal information may be supplied to Federal and/or State Government bodies in accordance with reporting requirements. I state, I am committing to the provision for NRA SkillService to act exclusively on my behalf to apply for the above position/s. I understand our obligations in applying to NRA SkillService.

Signature:

Date: