



APPLICATION FORM

THANK YOU FOR EXPRESSING AN INTEREST IN WORKING WITH SEA SWIFT PTY LTD

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 Portsmith Cairns QLD 4870
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FIRST NAME	LAST NAME	OTHER NAMES
ADDRESS		HOME NUMBER
SUBURB		MOBILE NUMBER
E-MAIL ADDRESS:		

POSITIONS THAT INTEREST YOU (IN ORDER OF PREFERENCE)	WHICH STATUS WILL YOU CONSIDER?
1. _____ 2. _____ 3. _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CASUAL

ARE YOU LEGALLY ENTITLED TO WORK IN AUSTRALIA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT PROOF CAN YOU PROVIDE?	<input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> AUSTRALIAN CITIZENSHIP <input type="checkbox"/> AUSTRALIAN PASSPORT <input type="checkbox"/> VALID VISA
HAVE YOU WORKED WITH SEA SWIFT WITHIN THE LAST TEN (10) YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AWARE OF ANY DISABILITIES AND/OR MEDICAL CONDITIONS OR PRE-EXISTING INJURIES WHICH MAY AFFECT YOUR ABILITY TO DO THE JOB OR WORK THE REQUIRED HOURS? IF YES, PLEASE GIVE DETAILS:	<input type="checkbox"/> YES <input type="checkbox"/> NO
AS YOU ARE APPLYING FOR A POSITION OF TRUST, DO YOU HAVE A CRIMINAL CONVICTION THAT MAY MAKE IT INAPPROPRIATE FOR YOU TO TAKE THE POSITION? IF YES, PLEASE GIVE DETAILS:	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A CURRENT DRIVERS LICENCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF APPLYING FOR A POSITION WHICH INVOLVES DRIVING OF VEHICLES, PLEASE QUOTE DRIVERS LICENSE NUMBER:	

WORK EXPERIENCE			
LIST YOUR LAST THREE POSITIONS, BEGINNING WITH YOUR MOST RECENT POSITION			
	1	2	3
POSITION:			
EMPLOYER:			
DATE EMPLOYED TO/FROM:			
DUTIES:			
ADDRESS:			
REASON FOR LEAVING:			
MAY WE CONTACT YOUR CURRENT EMPLOYER?			<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION AND QUALIFICATIONS			
LIST ANY STUDY OR COURSES YOU HAVE COMPLETED WHICH ARE RELEVANT TO THE POSITION APPLIED FOR.			
TYPE	NAME OF INSTITUTION	DATE TO/FROM	LEVEL OR QUALIFICATION ACHIEVED

TICKETS AND/OR LICENCES		
LIST ANY CURRENT TICKETS/LICENCES YOU HAVE COMPLETED WHICH ARE RELEVANT TO THE POSITION APPLIED FOR.		
TYPE	TICKET NUMBER	EXPIRY DATE

PROFESSIONAL REFEREES	1	2	3
REFEREE'S NAME:			
JOB TITLE:			
COMPANY:			
ADDRESS:			
TELEPHONE:			

Please Note:

- All applications will be treated confidentially and fairly.
- All applications will be retained on file for a period of twelve months.
- This information will be used for recruitment and selection purposes only.
- All applications will be kept on file for a period of twelve months.

I authorise Sea Swift Group of Companies to obtain any information regarding my previous employment and to contact nominated referees. I also declare that the information contained in this employment application is true, complete and correct in every detail, to the best of my knowledge and belief.

I acknowledge and accept that a false statement or dishonest answer to any question may be grounds for my being asked to show cause as to why my employment should not be terminated should my application be successful. I understand that part of the application procedure may involve a medical examination by a nominated Medical Officer, and I authorise disclosure of the results of this examination to the company.

SIGNATURE OF APPLICANT

DATE

I HAVE ATTACHED: RESUME
COPIES OF TICKETS/LICENCES
WRITTEN REFERENCES

COPIES OF QUALIFICATIONS/TRAINING
PROOF OF ELIGIBILITY TO WORK IN AUSTRALIA