



Employment Application Form

Privacy

The information you provide on this application form will be collected and held in your Personnel File. It will be made available to those responsible for your position and will be protected against unauthorised access. This information is collected for the purposes of assessing your suitability for employment by Flip Out, which may include subsequent changes in employment with the Company.

You have right of access to personal information and to seek any correction you think necessary to ensure accuracy.

Personal Details

Employee First Name:	
Employee Last Name:	
Contact Number:	
Address:	
I am legally entitled to work in Australia: <input type="checkbox"/> Yes <input type="checkbox"/> No	
I am applying for the position of:	

Education

Please list your qualifications or level attained in each relevant field.

Secondary Education:
Higher Education:

Fitness and Children's Entertainment Specific Skills

Please list any other qualifications, trainings or courses you have attended.

Course / Qualification	Date of attainment



Availability

Please list the hours you are regularly **able** to work.

Day	Morning	Afternoon / Evening
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Current or Most Recent Employer

Employer:	
Position:	
Responsibilities:	
Reason for Leaving:	

Previous Employers

Employer:	
Position:	
Employer:	
Position:	
Employer:	
Position:	

Emergency Contact Details

Please list two (2) people we should contact in the case of an emergency:



Business References

Please list three (3) people we can contact for references:

Name:	
Business and Position:	
Contact Number	
Name:	
Business and Position:	
Contact Number	
Name:	
Business and Position:	
Contact Number	
May we contact your present employer?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

Health Assessment:

Do you require any assistance, services or facilities in order to perform the inherent requirements of the role you are applying for? If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there anything else that may affect your ability to carry out the duties required for the role you are applying for? If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration

I _____ declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false or misleading information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed. I have been advised as to the nature of my position and have been requested to disclose any pre-existing injury, illness or disease that may be affected by such work. I understand that if I fail to disclose this information, it is quite likely that I will not be entitled to Workers Compensation if the nature of the job aggravates a pre-existing injury or disease.	
Signed:	Date: