



Cowra Information &  
Neighbourhood Centre

## APPLICATION FOR EMPLOYMENT

<b>Position</b>				
<b>Personal Details</b>				
Surname:	Given name/s:			
Address:	Phone:			
Email Address:	Date of Birth:			
<b>Health:</b> Do you suffer from any ailment or disability or are you required to take regular medication which may:				
• affect work performance <input type="checkbox"/> Yes <input type="checkbox"/> No				
• affect your attendance at work <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever submitted a Workers Compensation Claim or any Disability Claim <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please specify:				
<b>Education/Qualifications (Certified copies of highest qualifications should be attached)</b>				
	Institution	Standard Attained	Year	
Tertiary				
Certificates/Diplomas				
Drivers Licence	State	Group (A,B,C)	Expiry Date:	
<b>Employment History</b>				
(Detail present or last position held first)				
Employer	Position Held	From/To	Reason for Leaving	Verified by Manager
Brief list of experience				
<b>References</b>				
<b>(Attach copies of written references if available)</b>				
Specify details of persons prepared to give verbal reference:				
Name	Phone No. or Address			
Do you hold a current first aid certificate Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you aware or have any knowledge of any pre-existing medical condition or injury which might act as an impediment to your performance in this position either now or later in your employment? Yes <input type="checkbox"/> No <input type="checkbox"/>				
I acknowledge completely that the deliberate giving of false information, with respect to any of the above areas, shall lead to dismissal.				
Please return to Chief Executive Officer, 15 Vaux Street, Cowra NSW 2794 or <a href="mailto:admin@cinc.org.au">admin@cinc.org.au</a>				
<b>Applicant Signature:</b>			<b>Date:</b>	