



Australian Camp Services  
12 Phillips Street  
Thebarton SA 5031  
Tel. 08 8354 1005 Fax. 08 8354 1006  
[hr@australiancampservices.com.au](mailto:hr@australiancampservices.com.au)  
[www.australiancampservices.com.au](http://www.australiancampservices.com.au)

Employment Application

Private & Confidential

**Personal Details**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

First Middle Last

Address: \_\_\_\_\_

Address

City State Postcode

Mobile: ( ) E-mail Address: \_\_\_\_\_

Phone: ( ) Date of birth: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Resume attached: \_\_\_\_\_

Are you a citizen of Australia? YES NO Are you an Australian Permanent Resident? YES NO

Visa Class: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you hold a current drivers licence? YES NO Male  / Female

Have you been convicted of a criminal offence in the last 5 years? YES NO Provide details: \_\_\_\_\_

**Education/Training**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Qualification obtained: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Qualification obtained: \_\_\_\_\_

**Please list any other qualifications, courses, licences or tickets, including date completed:**

Other qualifications: \_\_\_\_\_ Date completed: \_\_\_\_\_

Other qualifications: \_\_\_\_\_ Date completed: \_\_\_\_\_

Other qualifications: \_\_\_\_\_ Date completed: \_\_\_\_\_

Other qualifications: \_\_\_\_\_ Date completed: \_\_\_\_\_

Other qualifications: \_\_\_\_\_ Date completed: \_\_\_\_\_

Other qualifications: \_\_\_\_\_ Date completed: \_\_\_\_\_

Other qualifications: \_\_\_\_\_ Date completed: \_\_\_\_\_

Other qualifications: \_\_\_\_\_ Date completed: \_\_\_\_\_

| Previous Employment   |  |     |  |                                 |                                 |                                |                                |                   |  |
|---|--|-----|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|-------------------|--|
| Company:  |  |     |  |                                 | Phone: (    )                   |                                |                                |                   |  |
| Address:  |  |     |  |                                 | Supervisor:                     |                                |                                |                   |  |
| Job Title:  |  |     |  | Starting Salary:<br>optional    |                                 | \$                             |                                | Ending Salary: \$ |  |
| Responsibilities:   |  |     |  |                                 |                                 |                                |                                |                   |  |
| From:   |  | To: |  | Reason for Leaving:             |                                 |                                |                                |                   |  |
| May we contact your previous supervisor for a reference?  |  |     |  |                                 | YES<br><input type="checkbox"/> |                                | NO<br><input type="checkbox"/> |                   |  |
| Company:  |  |     |  |                                 | Phone: (    )                   |                                |                                |                   |  |
| Address:  |  |     |  |                                 | Supervisor:                     |                                |                                |                   |  |
| Job Title:  |  |     |  | Starting Salary:<br>optional    |                                 | \$                             |                                | Ending Salary: \$ |  |
| Responsibilities:   |  |     |  |                                 |                                 |                                |                                |                   |  |
| From:   |  | To: |  | Reason for Leaving:             |                                 |                                |                                |                   |  |
| May we contact your previous supervisor for a reference?  |  |     |  |                                 | YES<br><input type="checkbox"/> |                                | NO<br><input type="checkbox"/> |                   |  |
| Company:  |  |     |  |                                 | Phone: (    )                   |                                |                                |                   |  |
| Address:  |  |     |  |                                 | Supervisor:                     |                                |                                |                   |  |
| Job Title:  |  |     |  | Starting Salary:<br>optional    |                                 | \$                             |                                | Ending Salary: \$ |  |
| Responsibilities:   |  |     |  |                                 |                                 |                                |                                |                   |  |
| From:   |  | To: |  | Reason for Leaving:             |                                 |                                |                                |                   |  |
| May we contact your previous supervisor for a reference?  |  |     |  |                                 | YES<br><input type="checkbox"/> |                                | NO<br><input type="checkbox"/> |                   |  |
| Medical History   |  |     |  |                                 |                                 |                                |                                |                   |  |
| Do you have, or have you had, any medical or health issues which may impact on your ability to perform the required duties if employed by ACS? If so please provide a brief description of the issue and how it can be appropriately managed: |  |     |  |                                 |                                 |                                |                                |                   |  |
| 1.  |  |     |  |                                 |                                 |                                |                                |                   |  |
| 2.  |  |     |  |                                 |                                 |                                |                                |                   |  |
| 3.  |  |     |  |                                 |                                 |                                |                                |                   |  |
| Do you have any allergies, please give details:   |  |     |  |                                 | Do they require medication?     |                                |                                |                   |  |
| Are you prepared to attend a medical examination by our Doctor?   |  |     |  | YES<br><input type="checkbox"/> |                                 | NO<br><input type="checkbox"/> |                                |                   |  |

|  |                                 |                                |                |  |
|--|---------------------------------|--------------------------------|----------------|--|
| Have you ever had a Workers Compensation Claim?  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Date of claim: |  |
| <i>If yes, please give details (injury, treatment received, length of time):</i>   |                                 |                                |                |  |
| <i>Any additional information relating to your application:</i>  |                                 |                                |                |  |
| <i>Continuation (if insufficient space in any of above sections):</i>  |                                 |                                |                |  |
| <b>Disclaimer and Signature</b>  |                                 |                                |                |  |
| <p><i>By providing us with a list of referees whom we may speak to about your prior employment history, you acknowledge that we may approach these referees. Note: we will seek your consent before contacting your current employer.</i></p> <p><i>I understand that as a condition of employment I will be required to undergo a medical examination by a nominated medical officer. Further I understand that prior to employment and at any time during employment with ACS I will be required to take an alcohol and/or drug test as required by ACS and any client company ACS is contracted to.</i></p> <p><i>In accordance with the Privacy Act, we would like to advise you of the following:</i></p> <p><i>Collection of information:</i></p> <p><i>We will only use your personal information for the purpose of assessing your application for employment within the company. The information we collect from you will be handled sensitively and securely with proper regard for privacy. If you do not provide some of the personal information we request when you apply for a position within the company, we may not be able to process your application.</i></p> <p><i>Disclosures:</i></p> <p><i>We will not usually disclose your personal information outside of the company, except where certain functions are outsourced to other organisations or our client, and then only for the purpose of enabling us to process your application. In these circumstances, confidentiality arrangements will apply to restrict the use and disclosure by those organisations that have your personal information disclosed to them.</i></p> <p><i>Declaration:</i></p> <p><i>Your signature below indicates your consent to the use and disclosure of your personal information as indicated above.</i></p> <p><i>I certify and declare that all particulars and information supplied by me in my application for employment are true and correct and I further understand that if I have knowingly or by neglect supplied details that are found to be false this could lead to the termination of my employment.</i></p> <p><i>Further, I hereby give permission for the company to release any medical or other personal records that may relate to my employment with the company.</i></p> |                                 |                                |                |  |
| Signature:   |                                 | Date:                          |                |  |
| <b>Received by Human Resource Department:</b>  |                                 |                                | Date:          |  |