



Palm Island
COMMUNITY COMPANY

EMPLOYMENT APPLICATION FORM

Date:	Date of Birth:
Position applying for	

PERSONAL DETAILS

Last Name	First Name(s)		
Email Address			
Home Phone		Mobile Phone	
Emergency contact (Name) and relationship to you			Phone
Current address			
Previous address			
Length of time at current address			

EMPLOYMENT HISTORY

Current or most recent Employer		
Position held and length of time employed (dates: from / to)		
Contact person, position and contact details		
Do you agree for current employer to be contacted?	YES / NO / NA	
If you have held more than one position over the last five years, please list them in their chronological order from the most recent.		
List any qualifications obtained and experience relevant to the position you are expressing an interest in.		

List any licence's you currently have, both for vehicles and other? If so, how many points do you have and in what state were they issued?	
Are there any special conditions on your licences?	
Do you hold any of the current licencing requirements?	Blue card – expiry date / / 20 Paid or Voluntary Yellow Card (Disability) – expiry date / / 20 LCS2 Suitability Letter – expiry date / / 20
What do you believe are the strengths and weaknesses that you will bring to this position?	
What areas would you like to improve?	
Do you have any injuries or disabilities that may be affected by your employment?	
Have you had recently or previously had a claim with WorkCover? Was it approved? Please advise the date or year of the claim and what was the injury?	
What date will you be able to start work?	
What type of employment do you seek?	Full-time Part-time Casual

Please attach a copy of your resume.