

CONFIDENTIAL

APPLICATION FORM FOR EMPLOYMENT

APPLICANT'S DETAILS		DATE				
FULL NAME						
ADDRESS			_			
		PHONE				
DATE OF BIRTH		MALE/FEMALE	MALE/FEMALE			
EMAIL						
LIVING ARRANGEMENTS: LI WITH CARERS() WITH FA		NDEPENDENTLY() GROUP HOME()				
OTHER						
PLEASE LIST ANY DISABILIT	IES, I	LLNESSES OR INJURIES THAT YOU HAVE				
			_			
			_			
			_			
PLEASE TICK BOXES TO SHO (YOU MAY TICK MORE THAN		HAT TYPE OF WORK YOU ARE INTERESTED BOX)	O IN			
SEWING/TEXTILES		MAILING/PACKAGING				
GARDENING/MOWING		SHOP / RETAIL / CUSTOMERS				
PROCESS/ASSEMBLY WORK						
CLEANING						

CONFIDENTIAL APPLICATION FORM CONTINUED

ARE THERE ANY OTHER AGENCIES PROVIDING YOU WITH SUPPORT? (PLEASE TICK APPROPRIATE BOX)

DEPT OF AGEING, DISABILITY &						
HOME CARE (ADHC)						
MENTAL HEALTH TEAM						
BRAIN INJURY UNIT						
BLIND SOCIETY						
VISION AUSTRALIA						
DISABILITY EMPLOYMENT						
SERVICE						
TAFE						
SCHOOL						
OTHER (PLEASE GIVE DETAILS						
NAME OF CASE MANAGER						
AGENCY	PHONE					
NAME OF ADVOCATE/CONTACT DE	DCON					
NAME OF ADVOCATE/CONTACT PE	RSON					
ADDRESS	PHONE					
WOULD YOU REQUIRE ASSISTANCE AT AN INTERVIEW? YES □ NO □						
IF YES TYPE OF ASSISTANCE						
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APPLICATION FORM CONTINUED APPLICATION FORM CONTINUED APPLICATION FORM CONTINUED								
WORK HISTORY/	WORK EXPERIENC	E						
WORKPLACE	LENGTH OF EMPLOYMENT	TYPE O	F WORK	REASON FOR LEAVING				
SIGNATURE OF APPLICANT		DATE						
THE INFORMATION FORM IS CONFIDEN ONLY BE USED BY INDUSTRIES FOR EN PURPOSES	W P	PLEASE FORWARD TO:- HR MANAGER WANGARANG INDUSTRIES PO BOX 8133 ORANGE 2800						