



ACTION PAINTBALL GAMES

770 SPRINGWOOD RD, YARRAMUNDI, NSW



E-mail us:

BOOKINGS@ACTIONPAINTBALL.COM



call us:

(02) 9679 0011



visit us:

WWW.ACTIONPAINTBALL.COM

EMPLOYMENT APPLICATION:

PERSONAL INFORMATION

FULL NAME		DATE
STREET	CITY	POST CODE
EMAIL		
MOBILE	HOME PHONE	DATE OF BIRTH

EMPLOYMENT INFORMATION

DESIRED POSITION	AVAILABLE START DATE	AVAILABLE TO WORK ON: (PLEASE SELECT) MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY
ARE YOU LEGALLY ALLOWED TO WORK IN AUSTRALIA (IF YES, VERIFICATION IS REQUIRED) <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT EMPLOYER PHONE
HAVE YOU PREVIOUSLY MADE ANY TYPE OF COMPENSATION CLAIM BEFORE? IF YES PLEASE GIVE DETAILS: <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU FIRST AID QUALIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU SPEAK ANY OTHER LANGUAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES PLEASE LIST:

EDUCATION HISTORY

	NAME OF SCHOOL	YEARS ATTENDED	GRADUATED?	SUBJECTS STUDIED
SECONDARY SCHOOL				
COLLEGE / UNIVERSITY				
TRADE / OTHER				

PREVIOUS EMPLOYMENT

DATES OF EMPLOYMENT	NAME OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

REFERENCES

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

By signing this document i verify that all of the information I have provided is true and correct.

APPLICANT SIGNATURE

DATE