



Job Application Form

Cooper Automotive

Position applied for _____

Please complete this form and provide it along with a letter of application (optional) and a current resume (required) and two workplace references (managers only).

Name: _____

Address: _____

Phone Number: _____

Mobile Number: _____

Email address: _____

Education

- What is your highest formal education level?

- List any qualifications you have related to this application.

Employment History

Please provide the following information about the last three positions you have worked in.

Employer: _____

Position: _____

Dates employed: From ___/___/___ to ___/___/___

Reason you left this job:

Employer: _____

Position: _____

Dates employed: From ___/___/___ **to** ___/___/___

Reason you left this job:

Employer: _____

Position: _____

Dates employed: From ___/___/___ **to** ___/___/___

Reason you left this job:

Personal Information

Please answer the following questions by circling the correct response.

- Do you have permanent residency in Australia? Yes / No
- If not, are you legally entitled to work in Australia? Yes / No
- Is there anything else that we should be aware of that may influence our decision in giving you this job? Yes / No

If yes please give details _____

- Do you have any criminal convictions that may affect your ability to effectively carry out the functions and responsibilities of the position applied for? Yes / No

If yes please give details _____

- What current licences do you have?

Health

Please answer the following questions by circling the correct response.

- Do you have any health or physical condition that may affect your ability to effectively carry out the functions and responsibilities of the position applied for? Yes / No

If yes please give details _____

- Have you had an injury or medical condition that the tasks of this job may aggravate or contribute to? Yes / No

If yes please give details _____

- Are you currently taking any medication that may affect your ability to operate a motor vehicle or that Cooper Automotive should be aware of to ensure that we provide reasonable duty of care? Yes / No

If yes please give details _____

- I agree to attend a medical practitioner if requested by the above named employer. Yes / No

Are you interested in training? Yes/No

If yes give details _____

References

Please provide the names of two work-related referees.

The references must be supervisors or managers and cannot be work colleagues at your level or below.

In providing references, I consent to verbal or written information being obtained from my referees for the purposes of assessing my suitability for this position. I understand that the information will be supplied by my references in confidence.

Name: _____

Phone number: _____

Nature of relationship: _____

Name: _____

Phone number: _____

Nature of relationship: _____

Declaration

I _____ declare that the answers to the questions in this application are true and correct.

Signed: _____ Date: ___/___/___