

Pet Doctors Palm Beach

REGISTRATION OF INTEREST FOR EMPLOYMENT

PLEASE COMPLETE THIS FORM IN FULL, REGARDLESS OF WHETHER YOU ATTACH A RESUME!

Position of Interest: Vet / Nurse / Trainee Nurse / Other _____ (please circle your preference)
Date of Application: _____

PERSONAL INFORMATION

Preferred Title: Mr / Mrs / Ms (please circle preference)

Given Names _____ Family Name: _____

Known As: _____ Date of Birth: _____
(Voluntary)

Address : _____

Street

Suburb

Postcode

Home Phone No. _____ Mobile No. _____

E-mail _____

Are you legally entitled to work in Australia? Yes No

If NOT an Australian Citizen, do you have Residency Status? Yes No

Specify Type: Resident Permanent Student Temporary

Date of Expiry: _____

Are you willing to work:

Rotating Roster

Weekends

List below memberships of any animal orientated organisations, charities or veterinary organisations you belong to:

EMPLOYMENT HISTORY *List most recent job first.*

Employer's Name and Address: _____
Position Held: _____
Dates of Employment: _____ (From) _____ (To)
Duties and Responsibilities: _____

Name and Position of Immediate Supervisor: _____
Reason for Leaving: _____
Name of Referee: _____ Contact Details: _____
(E-mail) _____

Employer's Name and Address: _____
Position Held: _____
Dates of Employment: _____ (From) _____ (To)
Duties and Responsibilities: _____

Name and Position of Immediate Supervisor: _____
Reason for Leaving: _____
Name of Referee: _____ Contact Details: _____
(E-mail) _____

Employer's Name and Address: _____
Position Held: _____
Dates of Employment: _____ (From) _____ (To)
Duties and Responsibilities: _____

Name and Position of Immediate Supervisor: _____
Reason for Leaving: _____
Name of Referee: _____ Contact Details: _____
(E-mail) _____

EDUCATION/QUALIFICATIONS			
Name of Institution	Duration of Studies		Degree/Certificate Obtained
	From	To	

TRAINING			
Vocational Training	DATES		Obtained

COMPUTER SKILLS - Please indicate your level of competency by ticking the appropriate box			
	Very Good	Intermediate	Basic
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rx Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHY ARE YOU APPLYING FOR THIS JOB? Please tell us why you have applied for this position and how your skills and experience are relevant to your application.

GENERAL

Have you ever been terminated from work for misconduct or unsatisfactory performance? YES NO

If Yes, Please give details: _____

Do you hold a current manual driver's licence? NO YES

Licence No: _____

Physical requirements of this position include, but are not limited to:

- Walking
- Reaching
- Repetitious movements of upper limbs & extremities
- Carrying
- Lifting
- Bending
- Using computer systems eg keyboard, monitor etc
- Pushing, pulling and the movement of stock on trolleys

HEALTH ASSESSMENT

Do you currently suffer from, or have you ever suffered from any disability, illness or medical condition, which would affect your ability to perform the job you are applying for?

YES NO

If yes, explain what functions you cannot perform and what accommodations could be made which would allow you to do the work adequately. (If additional space is required, attach separate Letter.)

Comments:

PERSON TO CONTACT IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____ Phone: _____

DECLARATION:

I authorise Pet Doctors Palm Beach to secure any information regarding myself and hereby release any person, company or institution of all liability for any damage whatsoever issuing from such information. I further declare that the statements made by me in this application are true, complete and correct. I understand that a false statement, serious omission or dishonest answer to any question may be grounds for my immediate discharge from employment with Pet Doctors Palm Beach.

SIGNATURE OF APPLICANT _____

DATE ____/____/____