

Next of Kin / Emergency

Name _____

Address _____

Phone (hme)_____ Phone (wrk) _____

Mobile _____ Relationship _____

Are you allergic to, or have any sensitivity to any foods, substances or chemicals? If so please advise what measures are required should you come in contact and experience a reaction.

Are there any other illnesses or conditions that we should be advised of in order to ensure your health and safety while you are at work?

Do you have any back or neck injuries or conditions which may be affected by general lifting and carrying and that we should be aware of?

Have you ever been convicted of any criminal offences? If so please give details

I am currently:

At school in year _____

Studying _____ completed _____ year of _____ years

Employed at _____ Job title _____ working ____ hrs / week

I am available to start as of ____ / ____ / _____

I am looking for an average of _____ hours work per week

Regular availability:

Please draw a line through the hours of each day where you have other commitments

Monday	6am	7	8	9	10	11	12pm	1	2	3	4	5	6	7	8	9	10	11	12am
Tuesday	6am	7	8	9	10	11	12pm	1	2	3	4	5	6	7	8	9	10	11	12am
Wednesday	6am	7	8	9	10	11	12pm	1	2	3	4	5	6	7	8	9	10	11	12am
Thursday	6am	7	8	9	10	11	12pm	1	2	3	4	5	6	7	8	9	10	11	12am
Friday	6am	7	8	9	10	11	12pm	1	2	3	4	5	6	7	8	9	10	11	12am
Saturday	6am	7	8	9	10	11	12pm	1	2	3	4	5	6	7	8	9	10	11	12am
Sunday	6am	7	8	9	10	11	12pm	1	2	3	4	5	6	7	8	9	10	11	12am

Please note any relevant training, specific skills or work experience:

Do you have barista experience? If so, please give details

All Information provided will be treated as strictly confidential and is either required by law, or collected in order for the employer to perform its duties, and to provide a safe workplace.

Date _____ Signed _____