



<h2 style="margin: 0;">CANBERRA MOTOR VILLAGE</h2>	
GPO BOX 300 CANBERRA ACT 2601 Email: admin@canberravillage.com	KUNZEA ST O'CONNOR ACT 2602 Tele: 02 6247 5466 Fax: 02 6249 6138

Application for Employment
 - not for distribution -
Please write clearly in BLOCK LETTERS

Position applying for:

Last Name:	Given Names:
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Street	Phone (home):												
Suburb	Phone (mobile):												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">State</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;">Postcode</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>	State								Postcode				Email:
State								Postcode					

The following details are required should your application be successful

Emergency Contact:	Drivers Licence No: Class:						
Phone: Phone:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Expiry Date:</td> <td style="width: 20%;">State of Issue:</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>	Expiry Date:	State of Issue:				
Expiry Date:	State of Issue:						

Date of Birth (day/month/year):	Gender: Marital Status:
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*Employment Availability – please indicate days and times you are **not** available*

Monday	Friday
Tuesday	Saturday
Wednesday	Sunday
Thursday	

Please provide three referees (at least two previous employers)

Name:	Name:	Name:
Position:	Position:	Position:
Company:	Company:	Company:
Phone:	Phone:	Phone:

Please provide your last three employment positions commencing with the most recent

Company:	Company:	Company:
Position:	Position:	Position:
Date Started:	Date Started:	Date Started:
Date Finished:	Date Finished:	Date Finished:
Reason:	Reason:	Reason: