

EMPLOYMENT APPLICATION

This application must be completed in full to be eligible for consideration

DAV.	DATE.	TIME.
DAY:	DAIE:	TIME:

Please circle one: FULL TIME APPLICATION

CASUAL APPLICATION

TREMENTEE	- 18 L L	Mailie Same			mister at a 77 fe		
PERSONAL DETA	ILS						
First Name:		Surnar	ne:				
Address:							
Date of Birth:							
Ph (H):				ler:			FEMALE
Emergency (guardian)				Ph			
Have you ever been co						YES	NO
If YES please specify:							
Do you have (or have h					n nerformir	na inhere	nt
•	. •	, injury or inficos	willon may prevent	you non	ii perioriiii	YES	NO
requirements of the job						163	NO
If YES please specify: Have you ever made a						YES	NO
If Yes, please provide of		•	and for what disease	e / injury	the claim		
Do you have transport	to & from work:					YES	NO
Please indicate how yo	ou will aet to & from	work:					
·	-						
How long will it take y	you to get to work	(circle): 10mi	n's 15min's	20mii	n's 251	min's	30mins+
If you are under 14 years	s & nine months of a	ge, your legal gua	rdian must sign here t	to state t	hey conser	nt to your	starting work
Signature:		Name:		Re	elationship	:	
PREVIOUS EMPLO	_	r I ACT two icho					
Please provide the follo	owing details of you	I <u>LAST</u> (WO JODS					
1 Name of Employer:							
Business Name:				6 mth	12 mth	2 year	3 years+
Position Held:							
Reasons for leaving: _							
Reference - Name:		Ph:					
2 Name of Employer:							
2 Name of Employer:Business Name:					12 mth	2 vear	3 years+
Position Held:						_ , •u:	- jouro
Reasons for leaving: _							
Reference - Name:							

EDUCATION

Currently attending school / university:		YES	NO
Name of School/Uni:	_Year at School:	Degree (years till completion): _	

AVAILABILITY

OFFICE USE ONLY

Time:

Trial date:

- Casuals, indicate the number of shifts you desire to work each week (circle);
- 2. Please circle the times you are available to work:

Monday	730am-430pm	430pm-Close
Tuesday	730am-430pm	430pm-Close
Wednesday	730am-430pm	430pm-Close
Thursday	730am-430pm	430pm-Close
Friday	730am-430pm	430pm-Close
Saturday	730am-430pm	430pm-Close
Sunday	730am-430pm	430pm-Close

Please note that Kailis' Fish Market Café is busy during all school holidays & general holiday periods. All staff must be available to work.

What is your intended length of employment (circle):	3 mth's	6 mth's	12 mth's	18 mth's+	
If 6 mth's or less explain why:					
Are you on a work/student VISA				YES	NO
If YES please specify the VISA details:					
Why did you apply for this position:					
Do you participate in any extra curricular activities (sp	oorting /educa	tional)		YES	NO
If YES please specify:					
Have you dined at Kailis' Fremantle before:				YES	 NO
Do any of your friends or relatives work at Kailis' Fren	nantle:				
Briefly explain your plans/goals for the next 12 month					
Please provide one personal (character) or profession		G.P. Kailis e	Sons 1	. J. J. Sort	Fis
Referee #1 Name:	Ph:		_Relationship:	Manus.	

Trial Shift Manager:

^{*} Please note all Casuals must perform a minimum of two shifts per week, one week night & one weekend day or night.

Full time applicants should circle as many shifts as possible. CLOSE times vary depending on the seasons (9:30pm-10:30pm).