POSITION: West Coast Hi Fi Sales person

PERSONAL DETAILS

SURNAME: _____ **FIRST NAME:** _____

ADDRESS: _____ **P/CODE:**_____

TELEPHONE: _____ **TAX FILE NO:** _____

MARITAL STATUS _____ **DATE OF BIRTH:** / /

NEXT OF KIN: _____ **(to contact in an emergency)**
Contact Ph No: of Next of Kin:_____

HEALTH: Do you suffer from any ailment or disability or are you required to take regular medication which may:

* affect your work performance? YES/NO
* affect your attendance at work? YES/NO

OTHER: Do you hold a valid driver's license? YES/NO

REFERENCES

Are copies of written references attached to this application YES/NO

Specify details of persons who would be prepared to give a verbal reference:

	NAME	**TITLE**	**TELEPHONE**
1.			
2.			

EXPERIENCE

DATE	POSITION	COMPANY

I hereby apply for the aforementioned position and am fully aware that if the information provided is false or misleading my services may be terminated.

APPLICANTS SIGNATURE: _____

DATE: ____/____/20__