



**Fingal Valley
Neighbourhood House Inc**
Old Tasmanian Hotel Community Center



ABN: 99 722 497 212

P.O. Box 322 Fingal TAS 7214

Telephone: 03 6374 2344

Email: admin@fvnh.org.au

GIVEN NAME(s):

SURNAME:

Preferred Name:

Street Address:

.....

Post Code:

Postal Address:

.....

Post Code:

Contact Telephone No.:

Email :

Section A

Are you applying for an advertised vacancy?

Yes, please state title of the position below.

.....

No, please go to **section B**

Section B

If you are applying for casual work, please indicate your area of interest:

Administration

Outdoor

Other

DRIVERS LICENCE INFORMATION

Licence No.		Class		Exp. Date	
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Licence No.		Class		Exp. Date	

RECENT EMPLOYMENT HISTORY

CURRENT/MOST RECENT EMPLOYER	
POSITION HELD	
FROM	
TO	

SECOND MOST RECENT EMPLOYER	
POSITION HELD	
FROM	
TO	

THIRD MOST RECENT EMPLOYER	
POSITION HELD	
FROM	
TO	

ADDITIONAL INFORMATION

WHEN WOULD YOU BE AVAILABLE TO COMMENCE EMPLOYMENT? (Approx.)	
IF EMPLOYED, MINIMUM PERIOD OF NOTICE REQUIRED?	
WHERE DID YOU SEE THE ADVERT FOR THIS POSITION:?	

REFEREES

NAME	
COMPANY/POSITION HELD	
CONTACT TELEPHONE No.	

NAME	
COMPANY/POSITION HELD	
CONTACT TELEPHONE NO.	

IMPORTANT INFORMATION

IF YOU ARE APPLYING FOR AN ADVERTISED POSITION, PLEASE ENSURE THAT YOU INCLUDE THE FOLLOWING DOCUMENTATION WITH YOUR APPLICATION:

1. STATEMENT ADDRESSING THE SELECTION CRITERIA. *
2. CURRENT RESUME.
3. THIS COMPLETED APPLICATION FORM.

*** WE WILL NOT CONSIDER ANY APPLICATIONS FOR ADVERTISED POSITIONS IF THE SELECTION CRITERIA HAS NOT BEEN ADDRESSED.**

DECLARATION

I certify that the information provided in this application is, to the best of my knowledge and belief, true and accurate. I understand that Fingal Valley Neighbourhood House reserves the right to verify all information in the application and that false information will be sufficient reason for my rejection as an applicant or my dismissal if subsequently employed by Break O'Day Employment Connect.

SIGNATURE OF APPLICANT	
DATE	