



JOB REGISTRATION FORM

To assist us in placing you into appropriate employment, please complete the following information and return it to us immediately. If you feel uncomfortable answering any of these questions, please discuss them with an Employment Consultant prior to completing.

Family Name: _____ **Given Names:** _____

Address: _____

Telephone: (Home) _____ **(Mobile)** _____

Email Address _____

Do you wish to receive job updates via facebook? Tick box if Yes

Date of Birth: _____ **Age:** _____ **Male / Female**

Drivers License: Yes / No **Own Transport: Yes / No**

Highest Level of schooling achieved: _____ **Year Completed:** _____

What is your ideal position?

1. _____
2. _____
3. _____

Have you claimed worker's compensation? **YES** ____ **NO** ____
(Work related injury)

Do you have any physical injuries? **YES** ____ **NO** ____
(That may affect you carrying out your job tasks)

Please Turn Page Over

Office Use

REFERENCE CHECK AUTHORISATION

I, _____ hereby nominate the individuals listed below to act as referees on my behalf and give authorisation to Works 4 You to contact these individuals.

I also give permission to Works 4 You to pass on its clients information obtained from my referees that is relevant prerequisites of any position registered with Works 4 You for which I may apply for or consider suitable for.

Signed _____ Date _____

REFEREE DETAILS

1. **Name:** _____
 Position: _____
 Company: _____
 Address: _____
 Telephone No: _____

2. **Name:** _____
 Position: _____
 Company: _____
 Address: _____
 Telephone No: _____

3. **Name:** _____
 Position: _____
 Company: _____
 Address: _____
 Telephone No: _____