



EMPLOYMENT APPLICATION FORM

ARE YOU: (Tick which is most applicable)

- A school leaver
 A university graduate
 Currently employed

PLEASE RETURN TO:
 THE OFFICE MANAGER
 PRIVATE AND CONFIDENTIAL
 MCKERN AND ASSOCIATES
 PO BOX 2687
 BURLEIGH DC QLD 4220

Complete all information. Incomplete application may delay or disqualify you: PLEASE PRINT

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	DAYTIME CONTACT PHONE
MAILING ADDRESS (Street or PO Box):		CITY:	POSTCODE:
EMAIL ADDRESS (Optional):			DATE OF BIRTH:
AVAILABILITY:			

Complete job area applying for:

JOB INFO

JOB AREA: (circle which area applying for)	ACCOUNTANT	ADMINISTRATION
DESIRED ROLE:	SALARY EXPECTATION:	
WHAT CAN YOU OFFER TO THIS ROLE:		

Complete all information that applies to you.

EDUCATION AND TRAINING

	NAME AND STATE OF SCHOOL	CIRCLE YEARS COMPLETED	GRADUATED	YEAR	MAJOR, GPA
HIGH SCHOOL		9 10 11 12	YES NO		
UNIVERSITY		1 2 3 4	YES NO		
TAFE COLLEGE		1 2 3 4	YES NO		
TECHNICAL SCHOOL		1 2 3 4	YES NO		
RELEVANT PROFESSIONAL CERTIFICATES AND/OR LICENCES:					
WHAT SPECIAL SKILLS DO YOU HAVE THAT WOULD BE OF VALUE TO THE JOB YOU ARE APPLYING FOR:					

List names of three people, at least one of which can comment on your work and at least one of which can comment on your personal attributes.

REFERENCES

NAME	RELATIONSHIP	CONTACT PHONE NUMBER

It is the policy of McKern and Associates to provide employment, training, compensation, promotion, and other conditions of employment without regard to race, colour, national origin, gender, age or marital status. McKern and Associates values equal opportunity and positions will be made available to the appropriate and qualified applicants.

List all relevant employment, for last 10 years, most recent employer first. Copy this page and attach additional sheets as necessary.

WORK EXPERIENCE

EMPLOYER:	SUPERVISOR'S NAME:	May we contact YES NO	IF YES, CONTACT PHONE #:
STREET ADDRESS/CITY/STATE:		DATE EMPLOYED (MONTH/YEAR): FROM: TO:	
REASON FOR LEAVING:			
SUMMARISE MAJOR WORK DUTIES:			
EMPLOYER:	SUPERVISOR'S NAME:	May we contact YES NO	IF YES, CONTACT PHONE #:
STREET ADDRESS/CITY/STATE:		DATE EMPLOYED (MONTH/YEAR): FROM: TO:	
REASON FOR LEAVING:			
SUMMARISE MAJOR WORK DUTIES:			
EMPLOYER:	SUPERVISOR'S NAME:	May we contact YES NO	IF YES, CONTACT PHONE #:
STREET ADDRESS/CITY/STATE:		DATE EMPLOYED (MONTH/YEAR): FROM: TO:	
REASON FOR LEAVING:			
SUMMARISE MAJOR WORK DUTIES: (Do not say "See Resume". Must be completed fully)			

Please read carefully before signing

APPLICATION RELEASE

RELEASE

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal at any time. I understand that I will be required to provide documentation showing authorization to work in Australia. I certify that I am not engaged in any activity or business that could be considered in conflict with the traditions and values of McKern and Associates nor will I engage in such activity if employed.

Signature of Applicant

Name of Applicant

Date