



## Pre Employment Application Form

Print all answers

Title of Position \_\_\_\_\_

Mr / Mrs /Ms

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Residential Address

Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_

Post code \_\_\_\_\_

Contact Phone Number Home \_\_\_\_\_ Mobile \_\_\_\_\_

Language Spoken 1 \_\_\_\_\_ preferred

Language Spoken 2 \_\_\_\_\_

Work Status

Are you an Australian Citizen? Permanent Resident? On a Working Visa?

This will need to be produced at the interview

Do you usually enjoy good health? Yes/No

If no give details

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Do you suffer from any mental or physical disabilities which may affect your ability to carry out the duties required of this position. Give details Yes/No

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Have you had any workers compensation claims? If yes, give details Yes/No

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### **SOUTH COAST GYMNASTICS ACADEMY**

Cnr Miller, Tate & Bridge Streets Wollongong NSW 2500 PO Box 44 Coniston NSW 2500  
P. 4227 5722 F. 42275922 E. info@scga.com.au W. www.scga.com.au



Education, Qualifications, Skills

Secondary Education – provide details of highest levels achieved

Year	level	Subjects	grade
_____	_____	_____	_____
_____	_____	_____	_____

College / university /TAFE

Institution	course	year completed	expected to complete
_____	_____	_____	_____
_____	_____	_____	_____

Other skills / qualifications

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Licence Do you have a current Drivers licence      yes/no

First aid certificate      yes/no      Renewal date \_\_\_\_\_

Hobbies

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interests

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Achievements

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work History

Month and year	Name of employer	position held	main duties	phone No