

## H RTP1.2a\_Form-Application\_for\_Employment (online)

**DRUG AND ALCOHOL STATEMENT:** Tilly's may require you to undergo a compulsory drug and/or alcohol test as part of the recruitment process as well as during your employment. The health and wellbeing of our team is important to us.

**VACANCY/POSITION:**

### PERSONAL DETAILS (PRINT NEATLY)

FULL NAME

HOME ADDRESS

POSTAL ADDRESS (if different)

HOME PHONE

MOBILE PHONE

EMAIL ADDRESS

### QUALIFICATIONS & LICENSES

QUALIFICATION

INSTITUTION

YEAR OF COMPLETION

LICENSE

NUMBER

EXPIRY DATE

### EMPLOYMENT HISTORY – Provide details of your 3 most recent employers (even if attaching a resume)

STARTED (MTH/YR)

FINISHED (MTH/YR)

POSITION HELD

BUSINESS NAME

DIRECT SUPERVISOR NAME & NUMBER

REASON FOR LEAVING

### GENERAL DETAILS

When are you able to commence/ how much notice do you need to provide at your current role?

What type of employment are you seeking? (number in order of preference)

Fulltime

Part-time (ideal total hours: \_\_\_\_\_)

Casual (maximum hours available \_\_\_\_\_)

Do you have any limitations on the hours you are available to work (including shift/weekend work)?

Yes / No – (circle one) If yes, please provide details:

Have you previously applied for a position with or worked for Tilly's?	Yes / No – (circle one) If yes, please provide details:
Are there any restrictions on your ability to work in Australia?	Yes / No [circle one] If Yes, please explain:
Are you aware of any circumstances regarding your health or capacity to work that would interfere with your ability to perform work at Tilly's	Yes / No [circle one] If Yes, what adjustments do you need to perform the genuine and reasonable requirements of the employment (if any)?

**CANDIDATE ACKNOWLEDGEMENT AND DECLARATION**

By signing this form, you acknowledge that:

- failure to disclose information about existing and pre-existing conditions on this form, may lead to you not being able to claim certain WorkCover/QComp or other legal claims/entitlements/benefits and may result in disciplinary action taken against you;
- you have read, can complete and understand all the duties stated in your position description and described to you and none of the above conditions would affect your capacity to undertake the said tasks/processes/duties;
- any changes in your health condition (illness/wellbeing), are to be reported to your Manager immediately or other relevant party at the Company; and
- a Criminal History Check and or a Driving License and Traffic History Check may be carried out on you and by signing this form give my full authority for this check to be undertaken.

By signing this form you are signing the following declaration:

*To the best of my knowledge, I believe that the above statements and/or information contained in this document are true and correct. I understand that any deliberately false, misleading or incomplete statements provided at any point during the recruitment process may lead to my dismissal, (if employed) and/or application being rejected. I consent to the employer contacting my Medical/health professional for relevant history of any existing/pre-existing conditions. I give permission for the Company to conduct any relevant reference checks and obtain the required information from past employers and or other relevant parties or anything else that may be applicable to this application. I further acknowledge that I will be required to complete a Pre-Employment Medical prior to my appointment and give my full authority for this medical to be completed with the results to be provided to Tilly's Administrative Services Pty Ltd. I understand that this will be done in an ethical and legal manner and will not compromise my current employment situation. I agree to complete any necessary documentation or authorities to enable all of the above checks to be completed to the satisfaction of the employer. I acknowledge that I will be required to sign a Position Description if successful in obtaining employment with the Company and in doing so, I will confirm that none of the above conditions/duties would affect my capacity to undertake the said tasks/processes/duties and that I have read, can complete and understand all said duties.*

<b>SIGNATURE</b>		<b>DATE</b>	
------------------	--	-------------	--

***This company is an EEO employer (Equal Employment Opportunity) and does not discriminate against any current or future employee.***

***If you feel at any stage this company or a representative of this company has discriminated against you, please raise this with us.***

Definition of Company in this document is, "Tilly's Administrative Services Pty Ltd and/or its associated companies and or other business interests".

