



# CPE Group Corporate Application Form

**Position Applied for**

Title: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

**Personal Details**

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

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Email: \_\_\_\_\_ Nationality: \_\_\_\_\_

Are you an:  Australian Citizen  Permanent Resident  Work Permit /Visa Holder Expiry date: \_\_/\_\_/\_\_

Type of Visa: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

(Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Proof of ID: Primary Doc: \_\_\_\_\_ Secondary Doc: \_\_\_\_\_  
(Copy to be provided to CPE Group on application)

**Education and Qualifications** Original certificates are to be sighted by CPE and copies taken.

Institution: \_\_\_\_\_ Qualification Achieved: \_\_\_\_\_ Yr Completed : \_\_\_\_\_

Institution: \_\_\_\_\_ Qualification Achieved: \_\_\_\_\_ Yr Completed : \_\_\_\_\_

Institution: \_\_\_\_\_ Qualification Achieved: \_\_\_\_\_ Yr Completed : \_\_\_\_\_

**Employment History** Begin with your most recent employment. Current Resume Attached:  Yes  No

1. Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
From: \_\_/\_\_/\_\_ To: \_\_/\_\_/\_\_ Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
From: \_\_/\_\_/\_\_ To: \_\_/\_\_/\_\_ Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
From: \_\_/\_\_/\_\_ To: \_\_/\_\_/\_\_ Reason for Leaving: \_\_\_\_\_

Provide details of 3 managers or supervisors to act as referees who have supervised you in your roles.

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Medical**

Are you aware of any physical or mental condition that may affect your ability to perform your duties?  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

*Section 79 of the Workers' compensation and Rehabilitation Act 1991 gives the Workers' Compensation Conciliation & Review Directorate discretion to refuse to award compensation which would otherwise be payable where it is proved that the worker has, at the time of seeking orienteering employment, willfully represented him/herself as not having previously suffered from the disability, the subject of the claim for compensation. Have you read and understood this statement?:*  Yes  No

Have you ever claimed workers' compensation?:  Yes  No If yes, please provide additional information:

Date and description of incident, treatment and outcome: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Criminal History**

Do you have a National Police Clearance Certificate?  Yes  No (Copy to be provided to CPE Group on application)

Have you ever been convicted of any offence in court?  Yes  No If yes, please provide additional information below:

Date and description of offence and conviction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General**

Have you previously worked with CPE Group?:  Yes  No Employed From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

How did you hear about the CPE Group?:  CPE Website  Referral (specify name): \_\_\_\_\_

Newspaper or Magazine (specify name): \_\_\_\_\_  Other (specify): \_\_\_\_\_

**Declaration**

I declare the above information to be true in all respects. I give permission to verify information provided and to contact referees listed. I agree not to use, or disclose to any third party, and keep in the strictest confident all private and confidential information that I may gather in the course of my employment with CPE Group. I acknowledge that any statement I have made which is found to be false or deliberately misleading will make me liable for dismissal.

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_