



PERSONAL CONTACT DETAILS PLEASE COMPLETE YOUR CONTACT DETAILS BELOW

FIRST NAME: _____ SURNAME: _____

PREFERRED TITLE: MR MRS MS MISS OTHER _____

EMAIL: _____

DATE OF BIRTH: _____ PHONE: _____

STREET ADDRESS: _____

SUBURB: _____ STATE: _____

POST CODE: _____ COUNTRY: _____

RESIDENCY STATUS

PERMANENT RESIDENT AUSTRALIAN CITIZEN HOLDER OF WORK VISA OTHER _____

AVAILABILITY PLEASE COMPLETE YOUR PREFERRED WORKING SCHEDULE BELOW

POSITION: STORE MANAGER TRAINEE MANAGER F/T SALES P/T SALES _____

IDEAL TOTAL HOURS PER WEEK: _____

	SUN	MON	TUE	WED	THU	FRI	SAT
START (AM)							
FINISH (PM)							

PREFERRED STORES: _____

EMPLOYMENT EXPERIENCE PLEASE PROVIDE EMPLOYMENT DETAILS OF 3 PREVIOUS POSITIONS BELOW (MOST RECENT FIRST)

POSITION ONE: _____ COMPANY: _____

TYPE OF WORK: F/T P/T CASUAL _____

START DATE: _____ FINISH DATE: _____

REASON FOR LEAVING: _____

REFEREE NAME: _____ REFEREE POSITION: _____

REFEREE PHONE: _____

POSITION TWO: _____ COMPANY: _____

TYPE OF WORK: F/T P/T CASUAL _____

START DATE: _____ FINISH DATE: _____

REASON FOR LEAVING: _____

REFEREE NAME: _____ REFEREE POSITION: _____

REFEREE PHONE: _____

POSITION THREE: _____ COMPANY: _____

TYPE OF WORK: F/T P/T CASUAL _____

START DATE: _____ FINISH DATE: _____

REASON FOR LEAVING: _____

REFEREE NAME: _____ REFEREE POSITION: _____

REFEREE PHONE: _____



EDUCATIONAL DETAILS PLEASE COMPLETE YOUR EDUCATIONAL DETAILS BELOW

QUALIFICATION: TEE/HSC/VCE/QCS OR EQUIVALENT OR JUNIOR SCHOOL
SCHOOL NAME: _____ YEAR OF GRADUATION: _____

TERTIARY OR OTHER EDUCATIONAL QUALIFICATIONS IF APPLICABLE PLEASE COMPLETE BELOW

QUALIFICATION: _____ YEAR OF GRADUATION: _____
NAME OF INSTITUTION: _____
QUALIFICATION: _____ YEAR OF GRADUATION: _____
NAME OF INSTITUTION: _____

OTHER DETAILS PLEASE COMPLETE THE INFORMATION BELOW

DO YOU HAVE ANY PRE-EXISTING INJURIES AND/OR ILLNESS WHICH MAY BE AFFECTED BY THE TASKS AND DUTIES OF THE POSITION YOU HAVE APPLIED FOR?

IF YOUR APPLICATION IS SUCCESSFUL, HOW SOON CAN YOU COMMENCE EMPLOYMENT?

WHY DO YOU WISH TO WORK FOR FLOWER?

PRIVACY DISCLAIMER: DETAILS OF THIS APPLICATION FORM, TOGETHER WITH YOUR NAME, ADDRESS AND OTHER PERSONAL INFORMATION YOU HAVE PROVIDED MAY BE STORED BY FLOWER AND WILL ONLY BE USED TO MATCH SELECTION CRITERIA TO APPROPRIATE POSITIONS AVAILABLE. IF THIS FORM IS NOT COMPLETED IN FULL, WE WILL NOT BE ABLE TO PROCESS THIS APPLICATION. ANY INFORMATION STORED WILL BE ACCESSIBLE BY AUTHORISED FLOWER PERSONNEL ONLY. YOU ARE ENTITLED TO GIN ACCESS TO ANY PERSONAL INFORMATION RELATING TO YOU THAT IS RETAINED BY FLOWER FOR MONITORING APPLICATIONS. TO DO SO, YOU CAN REQUEST A COPY OF THAT INFORMATION BY MAKING A WRITTEN REQUEST TO THE PRIVACY MANAGER (APPLICATIONS) AT FLOWER, 9 NAPOLEON STREET, COTTESLOE WA 6011.

SIGNATURE _____ DATE _____

THANKS FOR YOUR APPLICATION, WE APPRECIATE YOUR INTEREST!