

Candidate Registration Form



MALE / FEMALE (please circle) SURNAME: _____ FIRST NAME: _____

Date of Birth: _____ Do you have: Birth certificate: YES NO Photo Identification: YES NO

Street Address: _____ Postal Address: _____

Mobile: _____ Email: _____

Next of Kin: _____ Contact Number: _____ Relationship: _____

Do you have a Resume: YES NO Is your Resume up to date: YES NO Copy of Resume attached: YES NO

Education / Training

Highest School Level Completed: Grade 10 or less Grade 11 Grade 12

What year did you finish school: _____ Where did / do you go to school: _____

Have you completed any other certificates / courses: YES NO if yes: _____

List two types of work you are interested in (e.g. building / office / tourism etc.):

1. _____ 2. _____

Transportation / Drivers Licence

Current Drivers Licence? Yes No If yes, please specify type (i.e. learners or P plates) _____

Own Transport? Yes No Drivers Licence Number: _____ Expiry Date: _____

** if you have a current driver's licence or proof of identity, kindly bring these to the KGT office to be copied and included in your personnel file.*

Other

	Yes	No		Yes	No
Are you Aboriginal or Torres Strait Islander? If yes, please state language group below			Are you registered with a Job Active (JA) or CDP Provider?		
Are you willing to work away from home?			Which JA/CDP are you assigned with (e.g. EKJP, Kimberley Employment Services, etc)		
Do you agree to undertake drug/alcohol testing if required?			Do you agree to obtaining a Police Clearance or Working with Children check as required?		
Do you have any medical conditions we need to be aware of? If yes, please specify below			Do you have a disability we need to be aware of? If yes, please specify below		
Do you have a current:					
Tax File Number	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Superannuation Fund	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Police Clearance	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Working With Children Check	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I agree to have my photo taken strictly for identification purposes.

Signature: _____ Date: _____

DECLARATION: The information contained in this application is covered by the privacy act

To assist KGT further, we are eager to find out how you heard about us (please, tick all that apply):

- TV Radio Newspaper Internet
 Friend Family JSA School
 Employer Facebook Other please specify: _____

Once completed, please submit this form to reception@kgt.org.au

Labour Hire

School Based Trainee

Apprentice/Trainee

VTEC Candidate