

Cali Headquarters

Employment Application

Please fill out the following applicable fields and submit form via email to contact@caliburgerssydney.com

			App	licant	Information				
Full Name:	Last		Firs	<u> </u>		[OOB:		
Address:	Street Address				Apartment/Unit #				
	 City					State	Post Code		
Phone:					Email				
Date Available:			Tax File No.:			Desired Salary: <u>\$/Hr</u>			
Position Ap	plied for:								
	Weekly Av	<u>railability</u> : Please i	nclude	hours of	f each day availab	ole between 10ar	n to 11pm.		
	MON	TUE	WI	ED	THU	FRI	SAT	su [
lours? I0am to I1pm	to	to	to		to	to	to	to	
Desired hou	urs per week: _								
Are you a citizen of Australia?		YES	NO	If no, are you authorized to work in Aust.?					
Have you ever worked in the food industry?		YES	NO	If yes, what?					
Have you ever had a criminal conviction?			YES	NO	Do you hold a current Responsible Service YES NO of Alcohol certificate (RSA)?				
If yes, expla	ain:								

Education							
High School:		Address:					
From:	To:	_ Did you graduate?	YES	NO	Certificate:		
Uni:		Address: _					
From:	To:	_ Did you graduate?	YES	NO	Degree:		
Other:		Address:				_	
From:	To:	_ Did you graduate?	YES	NO	Degree:		
		Refere	ences				
•	orofessional referer	nces.			Relationship:		
Campani					Dhana		
Address:							
Full Name:					Relationship:		
Company	Phone:						
Address:							
Full Name:					Relationship:		
Company:	Phone:						
Address:							
		Previous Er	nployı	ment			
Company:					Phone:		
Address:					Supervisor:		
Job Title:		Starting Sa	Ending Salary:\$				
Responsibilities:							
_		To: Reason for Leaving:					
May we contact your previous supervisor for a reference?							

Previous Employment							
Company:				Phone:			
Address:			Supervisor:				
Job Title:	Starting S		Ending Salary: <u>\$</u>				
Responsibilities:							
	To:						
May we con	tact your previous supervisor for a reference?	YES	NO				
Company:				Phone:			
Address:			Supervisor:				
Job Title:	Starting S		Ending Salary:				
Responsibilities:							
From:	To:	Reason f	or Leaving:_				
May we con	tact your previous supervisor for a reference?	YES	NO				
Military Service							
Branch:			From:_	To:			
Rank at Discharge:			Type of Discharge:				
If other than separation,							
Disclaimer and Signature							
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal.							
Signature:				Date:			