**WWILD STANDARD APPLICATION FOR EMPLOYMENT**

**Position applied:**……………………………………………………… **Date:**……………

**Name**:…………………………………………………………………………………………

**Address**:………………………………………………………………………………………

…………………………………………………………………………… **Post Code:……..**

**Telephone No.:**

After Hours:…………………………………

Work:…………………………………………

Mobile:……………………………………….

**Blue Card:**

Do you hold a current Blue Card ?

**YES NO**

If yes, please provide Registration No:……………………. & Expiry Date:………………

**Driver’s Licence:**

Do you hold a current drivers licence? (circle one) **YES NO**

If yes, please provide Drivers Licence No:…………………………………………………

If no, please explain situation:………………………………………………………………..

**Medical Conditions:**

Are you currently suffering from any medical condition that may inhibit you from performing the inherent requirements of the job being applied for? (circle one) **YES NO**

If yes, please specify details, including special requirements for managing any condition: (e.g. medication or treatment)

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**Start Date:**

If the position is offered to you, when are you available to start work?

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**Authorisation and Understanding:**

I authorise WWILD –SVP Inc. to investigate my work history and verify all information given on this application. These enquiries may include information as to my character, general reputation and personal characteristics. I consent to the conduct of such enquiries and to the consideration of any statements or references provided by former employers in response to these enquiries. I authorise all individuals and employers whom I have named in my application, unless specifically limited by me in writing, to provide information requested about me, and I release them and WWILD from liability and damages in providing this information.

I understand and acknowledge that any misrepresentation, omission or incorrect statement of fact may result in rejection of my application or, if hired, immediate termination of employment.

I understand that all information provided to WWILD in relation to my application will be treated in the strictest confidence and will not be communicated to any third party without my consent.

**Name:…………………………………………………………………………………………………**

**Signature:……………………………………………………………………………………**

**Date:…………………………………………………………………………………………**