



REGISTRATION OF INTEREST
CASUAL EMPLOYMENT

CUSTOMER SERVICE OFFICER – CASUAL POSITION

Name: _____ Date of Birth: _____

Address: _____

Email: _____

Day time telephone: _____ Mobile: _____

Employment History:

Most recent employer: _____

Position held: _____

_____ Date from: _____ Date to: _____

Reason for leaving: _____

Second most recent employer: _____

Position held: _____

_____ Date from: _____ Date to: _____

Reason for leaving: _____

Are you aware of any illness, injury, disability or any other factor(s) which may preclude you from doing the duties of the position or which could recur or be aggravated by the duties of this position, or cause you to take frequent time off work?

Yes or No

If yes, please specify: _____

Current WA Driver's Licence Class: _____ Expiry: _____ Points lost: _____

What experience do you have with:

Microsoft Word	
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Microsoft Excel	
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Microsoft Outlook	
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Receipting	
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Customer Service	
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Are you able to work between the hours of 8am and 4.30pm – Monday to Friday?

Yes or No

Are you able to commence work immediately?

Yes or No

Please sign the below form and **attach your resume.**

Signature: _____ Date: _____