

Application for Employment

All information provided in this application will only be used for assessing suitability for the "Position Applied For". The information will not be used for any other purpose or supplied to any other party.

Position Applied For:

Personal Information

Family Name:

Given name:

Preferred Name:

Date of Birth:

Address:

Telephone Number:

Do you hold a current driver's license:

No Yes

- If "Yes", what class? Private Heavy

Have you been previously employed by TAL?

No Yes

- If "Yes" what was the role and dates?

Do you have any relatives working for TAL?

No Yes

- If "Yes" state name and relationship

Are you a Tongan Citizen?

No Yes

- If "No", do you hold a current work permit?

No Yes

Have you been convicted of any criminal offence?

No Yes

(Note: If TAL offers you a job, you will be required to provide a Police record)

Education

Please attach certified copies of your academic records

Secondary School	From	To	Examination Passed	Year
University / Technical Institute	From	To	Qualification Gained	Year

Previous Work History

	From (MM/YY)	To (MM/YY)	Employer (Present Employer First)	Position
1				
2				
3				
4				

Reasons for leaving

1	
2	
3	
4	
5	

Referees

Please give the names of at least three persons whom we can contact concerning your character and previous employment. Please do not give the names of relatives.

Name	Relationship	Contact Details

Medical History

If "Yes" please provide further details:

<p>Do you have any disability, medical condition, illness or injury which may prevent you from performing the full range of duties associated with this position?</p> <p style="text-align: right;">No <input type="checkbox"/> Yes <input type="checkbox"/></p>	
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Do you suffer from:

If "Yes" please provide further details:

High Blood Pressure	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Heart Disease	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Epilepsy	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Hearing Impairment	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Sight Impairment	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Colour Blindness	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Diabetes	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Asthma	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	

Have you suffered from:

Hepatitis	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
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General

Hobbies and Interests:

Memberships – Clubs, Committees etc

Declaration

Please attach a Resume with all supporting information

I declare that the information I have provided is correct and accurate.

Date:

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Signature

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