



## Zoom Care Application Form

Fields marked (\*) are required

**Post applying for:**  Carpet Cleaning  Painting  Pest Control  Gardening

Full Name:\*

Date of Birth :

Email:\*

Home Phone No:\*

Mobile No:

Address:

Emergency Contact:

Own Transport ? Yes  No

Is your vehicle suitable for Zoom Care purposes? (van/ute/wagon)

Yes  No

Would you be able to use this for Zoom Care? Yes  No

Vehicle Registration

License No:

Are you currently employed? Yes  No

IF YES

How many hours per week?

Are you looking to leave this employment? Yes  No

Reason for leaving

How much notice is required to terminate this employment?

IF NO:

How long have you been looking for work?

When would you be able to commence work with us?

How many hours per week are you looking to work?

When are you available to work? (Please tick all applicable)

	MON	TUE	WED	THU	FRI	SAT	SUN
Morning (7am-12noon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (12noon-6pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days off from normal work time have you had in the past 12 months due to sickness?

How many days off from normal work time have you had in the past 12 months due to commitments, eg. Recreational activities etc. (not including holidays) :

Do you have any upcoming events that would prevent you working during business hours?

Describe how you deal with high pressure situations:

Describe a situation where you had to resolve a conflict and how you resolved it:

Describe your attributes that would produce good results as a professional:

What are your main strengths?

What attracted you to this position?

<b>PLEASE RATE YOUR SKILL LEVEL FOR THE FOLLOWING APPLICATIONS:</b>			
	Beginner	Intermediate	Advanced
Working with a Carpet cleaning machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rest control equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pest control equipment

Painting tools & colours

Gardening tools & equipments

Do you have access to email and a printer at home

Yes  No

Do you have access to a fax machine at home

Yes  No

Do you have any injuries that make it difficult to lift heavy items or do repetitive work?

Yes  No

Do you have any allergies or illnesses?

Yes  No

Do you have any health issues/ailments that require medication?

Yes  No

Most significant work experience:

Driving experience:

Future career goals:

What are your biggest accomplishments?

Outside interests/hobbies:

Do you have any criminal convictions recorded against you?

Yes  No

NOTE: It is an offence to provide false or misleading information

If yes, please list offences.

Do you consent to Zoom Care Services Pty. Ltd. conducting a police check?

Yes  No

Please provide details of your three most recent employers:

1.

Company Name

Duration of Employment

Employment Type (pt/ft/cas/contractor)

Start and End dates

Pay Rate

Reference Name and Their Job title

Reference Contact Number

Reason for leaving

2.

Company Name

Duration of Employment

Employment Type (pt/ft/cas/contractor)

Start and End dates

Pay Rate

Reference Name and Their Job title

Reference Contact Number

Reason for leaving

3.

Company Name

Duration of Employment

Employment Type (pt/ft/cas/contractor)

Start and End dates

Pay Rate

Reference Name and Their Job title

Reference Contact Number

Reason for leaving

Can your references be contacted? Yes  No

If NO, please provide details:

NOTE: ALL INFORMATION PROVIDED ON THIS FORM WILL BE KEPT CONFIDENTIAL ACCORDING TO THE PRIVACY ACT.

Send