



**Relief Personnel Agency**

ABN: 67 930 973 383

E: info@laconcierge.com.au

A: PO Box 890 Warragul Vic 3820

M: 0407 092 966

**Application for Registration as Relief Personnel in a La Concierge enrolled business**

Please use BLOCK LETTERS throughout.

Please read the [Who Should Register](#) page and bring all **original** documents to your interview.  
(click to link to this page)

**1. Applicants Details:**

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Tax File Number \_\_\_\_\_

Title: Mr Mrs Miss Ms

Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

Town/Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: (Ah) \_\_\_\_\_ (Bh) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (Please indicate which number you wish us to call as first preference)

Email: \_\_\_\_\_

**2. Please List:**

**Employment Positions:**

**Date of Employment:**


**3. List Qualifications:**

**Name of Course**

**Name of Institution**

**Period of Study**


Privacy Disclaimer:  
 La Concierge respects your right to information privacy. Information collected and held on clients is kept in accordance with information privacy laws. Information is only used for the purpose clients agreed to when first requesting service. Please contact us if you would like further information on privacy.

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4. Which business group do you favour?

Administration

Retail

Other .....

5. Other Details

Do you have a current Driver's Licence? Yes No

How far are you willing to travel? .....Km.

Please indicate which days you can work and detail any restrictions you wish to mention below (eg. extended leave)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

6. Additional information

Answering 'yes' to any of these questions will NOT necessarily prevent you from being employed. You must, however, provide sufficient details for a current assessment of your situation.

a) Have you ever suffered illness (physical or emotional) which has caused you to cease employment or take extended leave for more than 3 months with any employer? Yes No

b) Is there currently any reason of health, emotion or previous situation which might deem you unsuitable or impair your performance as relief staff within an administration or retail environment? Yes No If 'Yes' give brief outline.

c) Have you ever been dismissed or demoted as a result of disciplinary action in any workplace? Yes No

I, \_\_\_\_\_ (Applicants Full Name)

Of \_\_\_\_\_

\_\_\_\_\_ (Applicants Full Address)

**Do solemnly and sincerely declare that my responses to all sections of this 2 page application are true and correct in every particular. I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of an Act of Parliament rendering persons making a false declaration to be punishable for wilful and corrupt perjury.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Application for Registration Form	Version 1.0 – Last Revised: 1 <sup>st</sup> January 2008	Page 2 of 2
	Distributed to: Staff	

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