



**Office Use Only:**  
 Date Received: \_\_\_/\_\_\_/\_\_\_ Interview:  YES  NO Successful:  YES  NO  
 Received By: \_\_\_\_\_ Interview Date: \_\_\_/\_\_\_/\_\_\_ Position: \_\_\_\_\_ Start Date: \_\_\_/\_\_\_/\_\_\_  
 Position: \_\_\_\_\_ Interview By: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_ Per Hour

## Job Application Form

Name: \_\_\_\_\_  
Surname First Name Second Name

Address: \_\_\_\_\_  
No. Street

\_\_\_\_\_ Suburb State Post Code

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Day Month Year

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

1. Do you have a valid provision / full Australian Drivers License?  YES  NO
2. Do you have your own transport?  YES  NO
3. Are you available both Saturday and Sunday?  YES  NO  
 If NO explain: \_\_\_\_\_
4. Do you have another weekend job?  YES  NO
5. Have you worked in the paintball industry before?  YES  NO  
 If YES Where: \_\_\_\_\_
6. Have you played paintball before?  YES  NO
7. How did you hear about this job? \_\_\_\_\_

Previous Employment Name	From Date	To Date	Position	Duties	Reason Left

Signature \_\_\_\_\_

Date \_\_\_\_\_