Job Application Form

Position Applied For:

Please tick one of the following:

- ☐ **Restaurant Team Member** *(duties may include counter service, kitchen prep, table service, cleaning, and general customer service)*
- ☐ **Delivery Driver** *(must have driver's licence, and own registered & insured vehicle)*

Store location applied to: _____ Date of application: __/__/_____

1. Personal Details

Full name: _____
Preferred name/nickname: _____
Date of birth: __/__/___ (if under 18 yrs, please indicate parent/guardian name below)
Address: _____
Suburb: _____ State: NSW Postcode: _____
Phone: _____ Email: _____
Are you legally eligible to work in Australia? ◻ Yes ◻ No
Do you hold a current driver's licence? ◻ Yes ◻ No — Licence class: ___ (only required if for delivery role)
If applying for Delivery Driver: Do you own and maintain your own vehicle? ◻ Yes ◻ No
If yes: Vehicle make/model: _____ Reg No: _____ Insurance expiry date: __/__/___
Have you had any relevant traffic offences in the past 5 years? ◻ Yes ◻ No If yes, please specify: _____
(Optional) Are there any work-restrictions we should know about (e.g., medical, hours)?: _____

2. Employment Eligibility & Availability

Are you under 18 years of age? ◻ Yes ◻ No
- If yes, parent/guardian name: _____ Phone: _____

Type of employment sought: ◻ Casual ◻ Part-time ◻ Full-time ◻ Other: _____
Availability (days/hours):
Monday: ___ to___ Tuesday: ___ to___ Wednesday: ___ to___ Thursday: ___ to___ Friday: ___ to___
Saturday: ___ to___ Sunday: ___ to___
When could you start? __/__/___
Are you currently employed? ◻ Yes ◻ No If yes, give employer name: _____
Previous experience in food service / delivery? ◻ Yes ◻ No If yes, brief details: _____

3. Relevant Training / Qualifications

Do you hold or have you completed a Food Handler training course? ◻ Yes ◻ No If yes, course name/issuer: _____

Do you hold a Food Safety Supervisor (FSS) qualification (if applicable)? ☐ Yes ☐ No If yes, certificate no: _____

Other relevant licences/certifications (e.g., Responsible Service of Alcohol, First Aid): _____

4. Referees

Please provide two referees (preferably recent manager/supervisor):

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____

5. Privacy & Consent

By submitting this application you agree to the following:

• I consent to the collection, storage and use of my personal information by Pizza Inn for recruitment purposes, in accordance with the Privacy and Personal Information Protection Act 1998 (NSW) and Pizza Inn's privacy policy.

• I understand that if successful, I may be required to provide proof of eligibility to work in Australia, driver's licence (if applicable), vehicle registration/insurance (if delivery role), and undergo any required training (food safety, WHS).

• I consent to the conduct of reference checks and, where applicable, licence/traffic-history verification.

• I declare that all information provided is true and correct to the best of my knowledge. I understand that false or misleading information may result in withdrawal of any offer of employment or termination of employment.

Applicant Signature: _____ Date: __/__/____

(If under 18 years, parent/guardian signature: _____ Date: __/__/____)

6. For Employment Use Only

(To be completed by store manager)

Interviewed by: _____ Date: __/__/____

Recommended for employment: ☐ Yes ☐ No Position: _____ Start date: __/__/____

Driver's licence / vehicle insurance verified: ☐ Yes ☐ N/A

Food safety training status: ☐ Complete ☐ Needed

Comments: _____