

MULTICAP TASMANIA

EXPRESSION OF INTEREST FORM

NAME:

ADDRESS:

.....

D.O.B: PHONE:

DRIVERS LICENCE:

Manual Automatic Only Other:

FIRST AID CERTIFICATE: No Yes, Current

Are you entitled to any Employment Incentives? No Yes

Please indicate your preference in respect of the following:

- | | |
|--|---|
| <input type="checkbox"/> Day Support | <input type="checkbox"/> Residential Support |
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Shift Work |
| <input type="checkbox"/> Part Time | <input type="checkbox"/> Part Time |
| <input type="checkbox"/> Relief Work (at call) | <input type="checkbox"/> Relief Work (at call) |

Briefly write down the skills you feel you can bring to this area of employment?

.....
.....
.....

Optional

You may nominate two referees and include their name, address and phone number.

1.
.....
2.
.....

Please return this form to MULTICAP, PO Box 839, Burnie, 7320
Phone: 6431 3211 Fax: 6431 3544 Web: www.multicap.com.au
E-mail: admin@multicap.com.au
Thank you for your interest.