

Employment History Form – for Evidence Assessment

Applicant Name:			
Current Address			
Phone Contact			
E-mail Contact			
Skills Assessment Type Applying For	TSS Skills Assessment <input type="checkbox"/>	OSAP Skills Assessment <input type="checkbox"/>	
Pathway	Pathway 1 <input type="checkbox"/>	Pathway 2 <input type="checkbox"/>	
Nominated Occupation			
Relevant Qualification			
Total Months of Full-Time Paid Work Experience			

Applicant Declaration:			
I declare that all information provided in this form is true and complete. I authorise William Angliss Institute to seek verification of my employment history as part of my Skills Assessment application.			
Applicant's Signature:		Date:	

Please enter details of all your previous relevant employment, starting from your current/most recent employer

Employer 1			
Letter of Employment Provided? <i>(MUST have name and address of the business on official business letterhead)</i>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Business Trading Name			
Company Name			
Restaurant/Business Address			
ABN / ACN			
Employment Period:	From:		To: <input type="text"/>
Normal Hours of Work:			
Nature of Employment (i.e. Full-Time / Part-Time):			
Job Title (Occupation):			
Proof of Salary Provided:	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		
	Details:		
Name, Position, Contact details of the Person authorised to make the Employment Statement and the length of time they supervised the Applicant:			
Business Website:			
Additional Notes:			

Employer 2			
Letter of Employment Provided? <i>(MUST have name and address of the business on official business letterhead)</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Business Trading Name			
Company Name			
Restaurant/Business Address			
ABN / ACN			
Employment Period:	From:		To: <input type="checkbox"/>
Normal Hours of Work:			
Nature of Employment (i.e. Full-Time / Part-Time):			
Job Title (Occupation):			
Proof of Salary Provided:	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	
	Details:		
Name, Position, Contact details of the Person authorised to make the Employment Statement and the length of time they supervised the Applicant:			
Business Website:			
Additional Notes:			

Employer 3			
Letter of Employment Provided? <i>(MUST have name and address of the business on official business letterhead)</i>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Business Trading Name			
Company Name			
Restaurant/Business Address			
ABN / ACN			
Employment Period:	From:		To: <input type="text"/>
Normal Hours of Work:			
Nature of Employment (i.e. Full-Time / Part-Time):			
Job Title (Occupation):			
Proof of Salary Provided:	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		
	Details:		
Name, Position, Contact details of the Person authorised to make the Employment Statement and the length of time they supervised the Applicant:			
Business Website:			
Additional Notes:			

Employer 4			
Letter of Employment Provided? <i>(MUST have name and address of the business on official business letterhead)</i>			Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
Business Trading Name			
Company Name			
Restaurant/Business Address			
ABN / ACN			
Employment Period:	From:		To: <input type="text"/>
Normal Hours of Work:			
Nature of Employment (i.e. Full-Time / Part-Time):			
Job Title (Occupation):			
Proof of Salary Provided:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	Details:		
Name, Position, Contact details of the Person authorised to make the Employment Statement and the length of time they supervised the Applicant:			
Business Website:			
Additional Notes:			

Employer 5			
Letter of Employment Provided? <i>(MUST have name and address of the business on official business letterhead)</i>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Business Trading Name			
Company Name			
Restaurant/Business Address			
ABN / ACN			
Employment Period:	From:		To: <input type="checkbox"/>
Normal Hours of Work:			
Nature of Employment (i.e. Full-Time / Part-Time):			
Job Title (Occupation):			
Proof of Salary Provided:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	Details:		
Name, Position, Contact details of the Person authorised to make the Employment Statement and the length of time they supervised the Applicant:			
Business Website:			
Additional Notes:			

If you have additional employers as part of your employment history, please include them as additional pages.