



## Candidate Information registration form

### Contact details

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Postcode*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

### Education history

Are you still attending school?  Yes  No

Name of school \_\_\_\_\_

Current year of study  8  9  10  11  12

What was your last year level completed at school \_\_\_\_\_

Please provide information about your education / training (e.g. certificate III in Retail Operations)

\_\_\_\_\_

\_\_\_\_\_

### Employment interests

Preferred industry / field: \_\_\_\_\_

Area of interest (e.g. meat retail, food safety, smallgoods, irrigation, horticulture, etc)

\_\_\_\_\_

Do you have any references/referees from previous experience  Yes  No

Referees name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Availability to work  Mon  Tue  Wed  Thu  Fri  Sat  Sun

After completing this form, please fax to Independent Institute on 08 8389 3357

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