Optimum Insurance Services Pty Ltd
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EMPLOYMENT ENQUIRY FORM

We aim to be an employer of choice and welcome all employment enquiries. We are dedicated to providing our staff with job satisfaction, ongoing training and an enjoyable rewarding work environment.

Please complete all sections of employment enquiry form.

Position you are interested in applying for?	

Applicant Details

Full Name			
Address			
		Postcode	
Phone Number		Mobile Number	
Email Address			

Briefly list your skills and experience relating to this position. Please also provide your CV.

Any other information that you wish to add?

References

Provide three references including, names, contact numbers, relationship to you (e.g. supervisor)

Name		Contact No		Relationship	
Name		Contact No		Relationship	
Name		Contact No		Relationship	

Date you would be able to commence work?	

Declaration

I have completed this enquiry form to the best of my knowledge and I believe that the above statements are true and correct. I understand that any deliberately false, misleading or incomplete statements may lead to my dismissal, if employed. I, _____ give this company permission to conduct the relevant reference checks, Police Checks, Credit Reference Checks.

Signature _____ Date _____

Return to: hr@optimuminsurance.com.au Attachment Required: Curriculum Vitae/ Resume

Optimum Insurance Services is a Corporate Authorised Representative of Insurance Advisernet Australia Pty Limited AFSL 240549 AR No. 291220

INSURANCE ADVISERNET
Advice you can trust