2017 McDONALD'S CREW EMPLOYMENT APPLICATION FORM PAYROLL USE ONLY Unit No: Employee No:

C. N					U	nit No:	Employee No: _	
Store Name: _								
PERSONAL DETAILS								
T' AN		3 6' 1 11 37	e: 1.11 - 3.7					
		Middle Name:		Surname:			(as it appears on your birth cert)	
Home Address:								
Date of Birth:/ Telephone: (H) Mobile No(s):								
Email address:								
AVAILABILITY.								
Number of days you would like to work per week:Total Number of hours you would like to work per week:								
		available to worl						
DAY	MONDAY	TUESDAY	WEDNESDA	Y THURSD	AY	FRIDAY	SATURDAY	SUNDAY
FROM								
TO								
Do you have transportation to and from work? Yes: No Are you eligible for employment in Fiji: Yes No								
PREVIOUS EMPLOYMENT DETAILS AND REFERENCES								
Have you ever worked for McDonald's before?								
No: Yes: No: Store : From : To:								
Current or Most Recent Employer: Address: Address: To:								
Contact Person/Referee & Position Held: Telephone:								
Novt Most Pag	ant Employers	tion rieta.		Addragg		_ refeptione		
Next Most Recent Employer: Address: To:								
POSITION/JOD: From: To:								
Contact Person/Referee &Position Held:Telephone:								
PERSONAL REFERENCE AND EDUCATION DETAILS								
Person (excluding former employer or relative) known for at least one year.								
Name:Occupation:Telephone: Currently attending School/University etc? No Yes: Year/Level: If not currently attending: Level								
Achieved: Year Left School:								
Name of current School/University etc, or last attended: Location:								
Referee/ Teacher if available: Telephone:								
GENERAL								
Do you have any serious illness or medical condition? No: Yes:; Nature of same:								
Have you ever made a claim for worker's compensation? No: Yes:; Nature of illness, injury:								
Have you ever convicted of a crime other than a minor traffic offence?								
No:; please specify:								
Please detail any further skills, qualifications or experience in support of this application:								
PERSONAL ?								
Male:	Female:	Dependants; S	Spouse: No	Yes l	Numb	er of Children:		
	rgency please no		-					
			nip:	:	Tele	phone (Home)		
Address:			1		Tele	phone (Mobile)		
	Provident Fund	/TIN#						
Please provide	vour FNPF #	, 11.		& TIN #				
(Please note th	at these are nece	essary for emplo	vment in Fiii)	_ & 111 \ "				
MANAGER'S		essury for emplo	ymeni in 1 iji)					
		Mai	ntenance	Clock No:				
Full Time:	Jyment. Crew	; Part-Time:	interialice	· Cacual:				
Dort Time N	mber of House	, 1 al t-1 iiiic	ner week	, Casuai				
Start Date: Uniform:								
AUTHORISATION AND DECLARATION								
As a condition of my application, I authorize investigation of all statements contained herein and I understand that								
misrepresentation or omission of facts called for is just caused for dismissal. I agree to follow the rules and regulations of								
Government authorities and such rules and regulations that McDonald's Fiji Limited may prescribe. Applicant's Signature: Date:								
Applicant's Sig	gnature:		Date:	Manaş	ger's S	Signature:	Dat	e:
D		=			, .	1 /7707		
Receiving Manager:Date:Acknowledged: (Y/N)							_	