



## McDONALD'S CREW EMPLOYMENT APPLICATION FORM

### **PAYROLL USE ONLY:**

Unit No: \_\_\_\_\_ Employee No: \_\_\_\_\_

### **PERSONAL DETAILS**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_ (as it appears on your birth cert)

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Telephone: (H) \_\_\_\_\_ Mobile No(s): \_\_\_\_\_

Email address: \_\_\_\_\_

### **AVAILABILITY**

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	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: \_\_\_\_\_ Store: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Current or Most Recent Employer:** \_\_\_\_\_ Address: \_\_\_\_\_

Position/Job: \_\_\_\_\_ 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: \_\_\_\_\_

### **GENERAL**

Do you have any serious illness or medical condition? No: \_\_\_\_\_ Yes: \_\_\_\_\_; Nature of same: \_\_\_\_\_

Have you received the 2 doses of the COVID-19 Vaccine? No: \_\_\_\_\_ Yes: \_\_\_\_\_

If you have answered yes above, we will need to see your vaccination card & we will retain a copy of it.

Do you own a smart phone that means you carry the Care Fiji App at all the times? No: \_\_\_\_\_ Yes: \_\_\_\_\_

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: \_\_\_\_\_ Yes: \_\_\_\_\_; please specify: \_\_\_\_\_

Please detail any further skills, qualifications or experience in support of this application:

\_\_\_\_\_

### **PERSONAL \***

Male: \_\_\_\_\_ Female: \_\_\_\_\_

In case of emergency please notify:

Name: \_\_\_\_\_; Relationship: \_\_\_\_\_; Telephone (Home) \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (Mobile) \_\_\_\_\_

### **Fiji National Provident Fund / TIN #**

Please provide your FPNF # \_\_\_\_\_ & TIN # \_\_\_\_\_

(Please note that these are necessary for employment in Fiji)

**MANAGER'S USE ONLY**

Full-Time:

Part-Time:

Start Date: \_\_\_\_\_

Uniform: \_\_\_\_\_

Size: \_\_\_\_\_

**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 cause 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. I agree to work in the designated restaurant that I have been assigned to and will accept a transfer to a nearby restaurant if deemed necessary by the company.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Manager: \_\_\_\_\_ Date: \_\_\_\_\_