



OFFICE USE ONLY	
EMPLOYER ID	VACANCY ID

Vacancy Notification Form

Company Name: _____

Address: _____

Contact: _____ Email: _____

Mobile: _____ Telephone: _____ Fax: _____

VACANCY DETAILS:

Job Title: _____ Number of Positions: _____

Start Date: _____ Resumes By _____

Job Description: (Brief Duty Statement/skills etc): _____

Personal Requirements: (Presentation, attitude): _____

Full Time Casual Permanent Temp Traineeship

Days: _____

Hours: _____ Award/EBA: _____

Junior/Open: _____ Position placed another job network or agent Yes/No

Licences Required: _____ Transport: _____

Reference Check by Workskills: No Yes

Position details will be placed on the National Vacancy Data Base. Employer Name and address are not displayed on screen

Signature: _____ Consultant: _____ Date: _____

Above details are correct as given to me by employer

Please fax this form to: 62247266