

2018 AUTOMOTIVE APPRENTICESHIP

APPLICATION FORM (Confidential)

Personal details		
Name:		Please attach
Address:		a photograph of yourself
		here
Postcode:		
Phone: Home:		
Mobile:		
Date of Birth:		
Application for: Derrimut Mack/UD/Volvo Dealership		
Laverton CMI Hino Dealership		
Clayton Mack/Volvo Dealership		
Dandenong Mack/UD/Volvo Dealershi	р 🗆	
Traralgon Mack/UD/Volvo Dealership		
Albury/Mack/UD/Volvo Dealership		
Email Address:		
Have you applied for the CMV Automotive Appre	nticeship previo	ously? YES 🗖 NO 🗖
If yes, when? Month	Year	
Highest level of secondary education achieved (i.e. Year 10, 11	or 12)
What year did you undertake the above seconda	ry education? (i.e. 2009)

Where did you carry out the above secondary education? (i.e. Sandringham Secondary College)



Subjects completed or commenced at highest level of secondary education (i.e. Year

10, 11 or 12)

Subject	Grade (if known)

Any other relevant courses

Year(s)	Course	Grade (if applicable)

Employment history (including part-time, unpaid or community involvement)

Year(s)	Employer	Duties	Duration

Current hobbies, recreation



My reasons for applying

In the space provided below, please indicate why we should select you for this Apprenticeship. Please provide a concise answer that does not go beyond the allotted space.

PLEASE ENSURE TO INCLUDE YOUR:-

- 1. Resume
- 2. Certificates
- 3. School Reports
- 4. Any other relevant information

Complete and send this form and any relevant attachments to: -

Mrs. Lesley Wickham

Secretary to the Senior General Manager

CMV Truck and Bus Pty. Ltd.

P.O. Box 55

SUNSHINE, Vic. 3020

Email: lwickham@cmv.com.au

