

RESUME AND JOB SEEKING QUESTIONNAIRE

Name: _____

Address: _____

Date of Birth: _____ Telephone: _____

a) What type of Automotive work are you interested in?

- _____
- _____
- _____

WORK HISTORY:

a) When did you last work? _____

b) What was your salary in your last job? _____

c) How have you found jobs in the past?

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Newspapers | <input type="checkbox"/> Job network |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Centrelink |
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Other: |
| <input type="checkbox"/> _____ | |

Which was the most effective? Why?



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Please list your work experience/history. List the most recent first. OR attach an old Resume

Dates:	
Position:	
Company Name:	
Duties:	
Reason for leaving:	

Dates:	
Position:	
Company Name:	
Duties:	
Reason for leaving:	

Dates:	
Position:	
Company Name:	
Duties:	
Reason for leaving:	

Dates:	
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Duties:	
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Company Name:	
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Reason for leaving:	

If you need more room, please attach another page.



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SKILLS AND ATTRIBUTES:

a) Looking at your work history, which duties/tasks did you like the most and why?

b) Have you ever experienced any difficulties (such as boredom, stress, personality conflicts, too much work or long hours) at work in the past? If so, how did you deal with this?

c) Please **tick** your preferred choice in the following:

- | | | | |
|------|--|--|-------------------------------|
| i) | <input type="checkbox"/> to work alone | <input type="checkbox"/> to work as part of a team | <input type="checkbox"/> both |
| ii) | <input type="checkbox"/> shift work | <input type="checkbox"/> regular hours | <input type="checkbox"/> both |
| iii) | <input type="checkbox"/> outdoors work | <input type="checkbox"/> indoors work | <input type="checkbox"/> both |
| iv) | <input type="checkbox"/> close supervision | <input type="checkbox"/> no supervision | <input type="checkbox"/> both |
| v) | <input type="checkbox"/> further study | <input type="checkbox"/> on the job training | <input type="checkbox"/> both |

YOUR SKILLS:

a) What are your strengths as worker? Please **tick** any of the following that apply to you, and add any we have missed.

- | | | |
|--|---|---|
| <input type="checkbox"/> Logical | <input type="checkbox"/> Neat and tidy | <input type="checkbox"/> Well-spoken |
| <input type="checkbox"/> Open minded | <input type="checkbox"/> Open to new ideas | <input type="checkbox"/> Enjoys a challenge |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Well-organised | <input type="checkbox"/> Enthusiastic |
| <input type="checkbox"/> Quick learner | <input type="checkbox"/> Copes well with pressure | <input type="checkbox"/> Consistent |
| <input type="checkbox"/> People oriented | <input type="checkbox"/> Resourceful | <input type="checkbox"/> Punctual |
| <input type="checkbox"/> Dedicated | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Hard working | <input type="checkbox"/> Take pride in your work | <input type="checkbox"/> Gets along with others |
| <input type="checkbox"/> Others _____ | | |



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GENERAL WORK SKILLS:

Do you have other skills or interests that may be useful at work? (eg computing, typing, welding, communication skills etc) Please give details:

List any Volunteer positions?

COMPUTERS:

Do you have computer skills: Yes No

Can you use:

Word	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Excel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Web	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Media	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Others: _____

DRIVING LICENCES: (Please tick appropriate box.)

Do you have a driver's licence? Yes No

Do you have a car available for work? Yes No

Can you use public transport to get to work? Yes No



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LICENSES AND TICKETS

What licences or tickets (if any) do you hold or have held in the past?
Please list below and **tick** if current or previous). Eg pink/green ticket, forklift ticket, welding ticket etc

Ticket/Licence type:	Current	Previous
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>

How far are you willing to travel to get to work? _____

EDUCATION:

a) Which school did you attend? _____

b) What was the last grade you completed at school? _____

c) Why did you leave school? _____

d) Please **tick** which level you think you are for the following:

Reading	<input type="checkbox"/> Below average	<input type="checkbox"/> Average	<input type="checkbox"/> Good
Writing	<input type="checkbox"/> Below average	<input type="checkbox"/> Average	<input type="checkbox"/> Good
Maths	<input type="checkbox"/> Below average	<input type="checkbox"/> Average	<input type="checkbox"/> Good



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Have you done any courses or training since you left school? Please give details.

Dates:	
Course Name:	
Name of Institution:	
Qualification:	
Completed?	

Dates:	
Course Name:	
Name of Institution:	
Qualification:	
Completed?	

Dates:	
Course Name:	
Name of Institution:	
Qualification:	
Completed?	

Dates:	
Course Name:	
Name of Institution:	
Qualification:	
Completed?	

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Course Name:	
Name of Institution:	
Qualification:	
Completed?	



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JOBSEEKING:

Recently, what have you done to try to gain employment?

Do you think you will have any difficulties returning to work?

Do you have the following: (Please **tick**)

- | | | |
|--------------------------|------------------------------|-----------------------------|
| a) An up-to-date resume? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Written references? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Verbal referees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Are you comfortable with the following?

- | | | |
|------------------------------|------------------------------|-----------------------------|
| a) Writing job applications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Attending job interviews? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Telephoning employers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Have you used any of the following resource to look for employment?

- | | | |
|---------------------------|------------------------------|-----------------------------|
| a) Newspapers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Asking friends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Asking employers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Centrelink/Job Network | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Are you registered with Centrelink? Yes No

If offered employment, do you have the following commitments organised?

- | | | |
|-------------------|------------------------------|-----------------------------|
| a) Childcare | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Transport | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Family support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Personal care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



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Do you have any other commitments that you need to take into consideration?

Did you require any assistance to complete this form? Yes No

Signature: _____ Date _____

Thank you for completing this form, please send by email to

Enquiries @teamology.com.au

Or to
JUST MECHANICS JOBS
c/o TEAMOLOGY
PO BOX 387
Banksia NSW 2216



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