



APPLICATION FOR EMPLOYMENT

Position applied for _____ Date _____

Surname _____

Given Names _____

a) Date of birth _____ Email Address _____

b) Gender Male Female

c) Do you have a current Aust Drivers Licence? Yes No

Drivers Licence Number _____

Class _____ Expires _____ Manual Automatic

d) Do you have a Yellow Card (Disabilities) Yes No

e) Do you have a Blue Card (Children) Yes No

f) Residential Address _____

_____ Postcode _____

Postal Address (If different from above) _____

_____ Postcode _____

Telephone Contact _____ Mobile _____

Next of Kin _____

Residential Address _____

_____ Postcode _____

Telephone Contact _____ Relationship _____

How did you find this vacant position?

Newspaper Centrelink Job Agency Other

g) Education (List formal qualifications considered relevant to position)

h) Past Work Experience (List most recent employment first)
Employer Position Held Period of Employment

i) Referees (Professional)
Name (Organisation) (Phone Number)

j) Referees (Personal)
Name (Relationship) (Length of Relationship) (Phone Number)

k) Do you have your own transportation? Yes No

l) What kind of transportation do you have? Car Motorbike

m) Paid Mileage- Are you willing to use your own vehicle for work?

Yes No
If yes, you must maintain and insure your vehicle appropriately (Not applicable to students)

n) Do you have a valid First Aid Certificate, Or are you willing to get one within 3 months of employment?

Yes No

o) Are you willing to work with the changing needs and roster of clients?

Yes No

(Not applicable to students)

p) Are you available to be called to work at short notice?

Yes No

q) If required could you do a sleep shift, staying overnight at a clients home?

Yes No

r) If requested are you willing to work / study on Saturdays and Sundays?

Yes No

s) What days and hours are you currently available to work?

What number of hours per week are you hoping to work / study?

0-14 15-29 30-36

What length of employment are you interested in?

Short Term (3-6 Months) Medium Term (1-2 Years) Long Term (3-5 Years)

t) Do you have a known health condition that could prevent you from competently and efficiently carrying out the duties of this position in a manner which is safe to yourself, your fellow employees, the public generally and the services clients receive?

Yes No

u) Will you agree to a criminal history check? (Mandatory under the Disability Services Act 2006) Employment is conditional upon ongoing positive Criminal history checks.

Yes No

DECLARATION

In signing this application for employment/study, I fully understand that any false, misleading or incomplete information stated by me in this application may lead to instant dismissal if employed by this organisation I CERTIFY THAT THE INFORMATION STATED IN THIS APPLICATION IS TRUE AND CORRECT IN ALL DETAIL

Signature _____

Short Listed applicants will be contacted within 2 weeks of applying.