

Application for Employment

1.6.14

Surname: _____ Given Names: _____
 Date of Birth: ____/____/____ Address: _____
 _____ Postcode: _____
 Phone: Hm (____) _____ Mb _____ Other: _____

Position Applied For: Personal Care Staff Food Service Assistant Domestic/Cleaning
 Other: _____
Please tick the shifts you are available for:
 Week Days Weekends Evenings Public Holidays
Available to commence: _____
Are there any circumstances known to you which in any way could affect your ability to undertake shift work or to work weekends or overtime? Eg: Family responsibilities, spouse etc. If yes, please give full details.
 Yes No _____

Since turning 16 years of age, have you have been a citizen or permanent resident of a country/countries other than Australia?
 (Please Tick) Yes: No:
 If **Yes**, Which Country: _____
 Please state year of your arrival in Australia: _____

Education
 Highest Level passed at School: _____ This was in _____ (year)
 Certificate in Aged Care : III IV
 Other Training or Education, which I have completed:

Details of Previous Employment: (Last 3 employers or the last 10 years. Last employer first)

Previous Employer & Address	Position	Employed From	To	Reason For Leaving	Reference name, address & telephone no.

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Specific Skills/Qualifications (Cooking etc.)

Skill	Experience	Remarks

GENERAL

	Yes	No	If Yes, give details
1. Have you ever been discharged from employment because your work or conduct was not satisfactory?			
2. Have you in the last 5 years been convicted of any offence other than minor traffic infringements?			
3. Do you have any objection to enquiries of your present employer regarding qualifications and character?			
4. Do you have any objection to us seeking verification and additional information to any matter within this application?			
5. Is there any additional information you wish to give?			
6. Do you have any pre-existing injury, which may be affected by your work at Navorina Nursing Home <i>If you do not disclose any such information, you will not be entitled to Work cover Compensation if the nature of the job aggravates the pre-existing injury or disease. We may be able to modify work practices to avoid aggravating any pre-existing injury.</i>			
7. Are you aware of any condition <u>likely</u> to affect the full performance of your duties in employment?			

Two Referees who may be contacted to support my application are:

1. **Name:** _____ **Phone:** _____

2. **Name:** _____ **Phone:** _____

I certify that to the best of my knowledge the above information is true and correct:

Signature

Print Name

Date