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# EMPLOYMENT APPLICATION FORM

## Your Details

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone/Mobile: \_\_\_\_\_

	Yes	No	Expiry Date
Do you hold a current First Aid and CPR certificate?			
Do you hold a current Driver's Licence?			
License/s Type:			
Do you have a current Blue Card?			
Do you have a current Australian Federal Police Clearance?			
Do you have comprehensive insurance on your vehicle?			

## Position

### Service Delivery

- Service Delivery
- Support Worker
- Activity Worker
- Handyman
- Case Manager
- Other: \_\_\_\_\_

### Business Support

- Administration Officer
- Accounts / Finance Officer
- Human Resources Officer
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

## Availability

(please tick)	Monday	Tuesday	Wednesday	Thursday	Friday
AM: 8 - 12					
PM: 12 - 5					

## Health

Do you have any health issues that may affect your ability to undertake the requirements of this position? Yes  No

Note: A disability or injury is not a barrier to the consideration of an application for employment. However, to assist in assessing opportunities for your placement in appropriate employment, please indicate whether you have a disability or condition likely to affect your ability to undertake the inherent requirements of this position

## Convictions

Do you have any current convictions for any offence from any court, or are you currently the subject of any charge/s pending before any court? Yes  No

Note: A criminal record does not necessarily disqualify an applicant

ChoiceSupportConnection

## Qualifications

Qualification / Certificate	Institution (TAFE, University, Workshop)	Year

## Employment History

Job Title	Details / Duties	Employer	Dates

## References (please provide the names and contact details of at least two referees)

Name	Organisation	Relationship to Applicant (eg: previous supervision)	Contact Details

## Skills & Abilities

(please tick all skills and abilities that are relevant)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Computer Skills                                   | <input type="checkbox"/> Order Packing   | <input type="checkbox"/> Repairs                     |
| <input type="checkbox"/> Office Skills <small>(filing, faxing etc)</small> | <input type="checkbox"/> Cleaning  | <input type="checkbox"/> Workplace Health and Safety |
| <input type="checkbox"/> Reception   | <input type="checkbox"/> Personal Care<br><small>(bathing, toileting, dressing, feeding clients etc)</small> | <input type="checkbox"/> Marketing/Advertising       |
| <input type="checkbox"/> Accounts  | <input type="checkbox"/> Companionship   | <input type="checkbox"/> Website                     |
| <input type="checkbox"/> Invoices  | <input type="checkbox"/> Group Activities  | <input type="checkbox"/> Trade specific skills:      |
| <input type="checkbox"/> Recruitment                                       | <input type="checkbox"/> Driving   |  |
| <input type="checkbox"/> Human Resources                                   | <input type="checkbox"/> Lawn Mowing   |  |
| <input type="checkbox"/> Supervising                                       | <input type="checkbox"/> Gardening   |  |
| <input type="checkbox"/> Supplies  |  |  |

I declare the above to be true in all respects. I acknowledge that any statement, which is found to be false or deliberately misleading, may make me liable for dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_