

Employment Application

Your Details

Mr, Mrs, Ms, Miss	Surname:	Given Names:	
Address:		Postcode:	
Telephone:		Mobile:	
Emergency Contact:		Phone / Mobile:	
Email:			
	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 Yellow Positive Notice Card?			
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	✓	Business Support	✓
Service Delivery Coordinator		NDIS Coordinator	
Activities Officer		Finance Manager	
Community Nursing Coordinator		Human Resources Manager	
Corporate Services Officer		Support Worker	
Case Manager		Other (including volunteers)	

Availability (please tick)

	Monday	Tuesday	Wednes-day	Thursday	Friday	Saturday	Sunday	Public Holiday	Sleep over
AM Hours									
PM Hours									

Health

	Yes	No
Do you have any health issues that may affect your ability to undertake the requirements of this position? If yes, details:		
<p>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</p>		

Convictions

	Yes	No
Do you have any current OR prior convictions for any offence from any court, or are you currently the subject of any charge/s pending before any court? If yes, details:		
Note: A criminal record does not necessarily disqualify an applicant		

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 current referees)

Name	Organisation	Relationship to Applicant <small>(eg: previous supervision)</small>	Contact Details

Skills & Abilities (please tick all skills and abilities that are relevant)

- Computer Skills Office Skills (filing, faxing etc) Reception Accounts
 Invoices Human Resources Supervising Supplies
 Care (bathing, toileting, dressing, feeding clients etc) Respite/Companionship
 Group Activities WHS Cleaning Personal
 Lawn Mowing Gardening Repairs
 Driving (license/s: _____)
 Trade specific skills: _____

Hobbies & Interests (please list any hobbies or interests you could share with participants)

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: ____/____/____