

APPLICATION FOR EMPLOYMENT

Position Applied for: _____

PERSONAL

Surname:
Given Names:
Address:
Email:

Contact Numbers:

Mobile:	Home:	Work: (do we have your permission to contact you at work?) Y / N
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EDUCATION / TRAINING / QUALIFICATIONS

Please list the relevant education & training that you have undertaken & any certification received:

Please Turn Over

PREVIOUS JOB HISTORY (Please list current or last job first)

<u>Employer</u>	<u>From / To</u>	<u>Position</u>	<u>Why Left</u>

SKILLS AND EXPERIENCE (List any that you feel are relevant to the position)

Please circle your response to these questions:

- | | |
|---|----------|
| 1. Do you know of any medical reason why you would not be able to perform this role? | YES / NO |
| 2. Are you willing to undertake a medical examination? | YES / NO |
| 3. Are you willing for us to contact your previous employers as referees? | YES / NO |
| 4. Are you eligible to work in Australia? | YES / NO |
| 5. Have you had a Federal Police check to work in aged care? | YES / NO |
| 6. Do you have a current First Aid Certificate from a registered training organisation? | YES / NO |
| 7. Do you consent to having an influenza vaccine each year? | YES / NO |

Why do you wish to apply for this position?

Why do you believe we should select you for this position?

All information will be treated as confidential, any false information will automatically negate the applicant from consideration for the position.

APPLICANT TO SIGN: _____ Date: _____