

APPLICATION FOR EMPLOYMENT

- All information provided here will be treated in the strictest confidence.
- If you are called for interview and have any special requirements (eg wheelchair access/interpreter services), please let us know.
- If your application is unsuccessful, this form shall be kept for a period not exceeding thirty (30) days and then destroyed.
- All supporting documentation must be provided before this application will be assessed.
- If offered employment, this form will become the basis of your personnel file.
- Please complete this form as accurately and neatly as possible.

Position applied for: _____ Date: _____

Available to commence: _____

PERSONAL DETAILS

Title: (please tick ✓) Mr Mrs Miss Other (please specify) _____

Surname: _____
(please print)

Given Name(s): _____ Preferred Name: _____
(please print)

Address: _____
_____ Postcode: _____

Contact Phone: (w) _____ (h) _____
(m) _____

Email: _____

Person to Contact in an Emergency: _____

Name: _____

Relationship: _____

Phone: Home: () _____

Business: () _____

Mobile: _____

Do you have a current drivers licence? No Yes If yes, please specify what category _____

Availability: Please indicate the days and shifts are you available to work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Night duty							

Do you speak another language(s)? No Yes If yes, please specify which one(s):

Do you have any known injuries, disabilities or health problems likely to affect your ability to undertake this position or endanger the health of another person? No Yes If yes, please give details:

Do you know of any reason why, if appointed, you would be unable to attend regularly for work? No Yes If yes, please give details:

RELEVANT EDUCATION/QUALIFICATIONS – ORIGINAL CERTIFICATES NEED TO BE SIGHTED

SCHOOL, COLLEGE, UNIVERSITY NAME	FROM Month/ year	TO Month/ year	FULL PART TIME	QUALIFICATION OBTAINED eg HSC, Cert 3 Aged Care, Bachelor of Nursing

Are you registered to practice as a Registered/Enrolled Nurse in NSW? No Yes If yes, please give details:
NSW Nurses' Registration Board No: _____
Practicing Cert. anniversary date: _____

Are you registered to practice as an allied health professional in NSW? No Yes If yes, please give details: _____

VERIFICATION OF IDENTITY AND ENTITLEMENT TO WORK IN AUSTRALIA

Please provide one (1) of the following documents

- Current Australian or New Zealand Passport
- Original Birth Certificate
- Overseas passport with Visa Details "Holder Permitted to Remain in Australia Indefinitely"
- Overseas passport and details of a current temporary work visa and its expiry date

CRIMINAL HISTORY CHECK

Do you have any criminal convictions?

No Yes. If yes, please give details: _____

You do not have to declare any spent convictions.

WORK EXPERIENCE *(or attach Curriculum Vitae)*

Last or Present Position

Employers Name: _____

Position held: _____ From: __/__/__ to __/__/__

Reason for Leaving: _____

Key duties & responsibilities: _____

Employers Name: _____

Position held: _____ From: __/__/__ to __/__/__

Reason for Leaving: _____

Key duties & responsibilities: _____

Employers Name: _____

Position held: _____ From: __/__/__ to __/__/__

Reason for Leaving: _____

Key duties & responsibilities: _____

Have you previously worked for this organisation?

No Yes. If yes, when and what position? _____

RECENT EMPLOYMENT REFEREES

Please provide two (2) referees whom you give your consent to us contacting regarding your suitability for this position

Name: _____

Position: _____

Organisation: _____

Phone Number: _____

Name: _____
Position: _____
Organisation: _____
Phone Number: _____

CONDITIONS OF EMPLOYMENT

I understand that all offers of employment are conditional upon

- satisfactory reference and background checks being obtained, (including criminal record and pre-employment medical checks, as relevant and required for the position)
- the production of all documents necessary for Ashfield Baptist Homes to verify my identity, qualifications and ability to work in Australia.

I consent to the authorised representatives of Ashfield Baptist Homes contacting any person(s) or institutions relevant to this application to undertake these verification and checks.

I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process may result in my disqualification from further consideration for employment or if I am employed the termination of my employment.

As part of the selection/recruitment process, staff members may be required to participate in this organisation's immunisation program designed as a workplace health & safety measure.

Employment is offered with Ashfield Baptist Home under the terms and conditions of:

- i) the relevant award/agreement
- ii) the policies/practices of the organisation
- iii) Ashfield Baptist Homes Staff Handbook.

I understand that there will be a probationary period of six (6) months. I understand that if my application is successful, the position, working hours or shift to which I am appointed may be subject to change at the discretion of Ashfield Baptist Homes and following consultation with me.

I certify that the information provided in this application is true and complete to the best of my knowledge, information and belief.

I have read and understood the above conditions of employment.

Signature: _____ Date: _____

This Application Form will be placed in your personnel file if you are successful
