



JOB APPLICATION FORM

Position Applied for:.....

Surname: Given Names:.....

Date of Birth

Address:
.....

Home Telephone Number: Mobile Telephone.....

Are you legally permitted to work in Australia? Yes No

Tax File Number: _____

Account Details

Bank/Institution: _____

BSB Number: _____

Account Number: _____

Account held in the
Name (s) of: _____
(eg. John William & Mary Jane Smith)

Police Clearance

It is a condition of employment that a current (no older than three months) National Police Clearance be provided. Please attach clearance to this application. Yes

It is a condition of employment that you have not committed, been charged or been found guilty of any criminal offence in the last 70 days. Declaration signed Yes

Drivers Licence

Do you have a current Western Australian Drivers Licence? Yes No

What Class of Drivers Licence do you have?

Are you able to drive a manual vehicle? Yes No

Please attach photocopy of licence with application
Licence attached Yes

First Aid

Do you have a current first Aid Certificate? Yes No
If yes, please attach copy of certificate

Education and Qualifications:

Year from/to	Name of school or college	Standard attained / qualification
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Please tick any boxes indicating relevant qualifications

- Certificate 3 Disability Diploma Human Service Teaching
- Special Education Enrolled Nursing Personal Care Certificate

Other relevant qualifications or certificates (please attach copies):

Please tick boxes indicating any relevant training course or workshops you have attended:

- Auslan/Makaton Sign Manual Handling Medication Administration
- SmarThinking* Challenging Behaviours Acquired Brain Injury
- Diabetes Autism Disability Awareness
- A house Suburbs (Nulsen Haven)* *Understanding Difficult Behaviours (Nulsen Haven)*
- Non Violent Communication Other (Please List).....
- Other (Please List).....



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Employment History:

(Please start with your present or most recent employment and work backwards)

(1) Date (from - to) Name and address of employer
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Reason for leaving Position held & main duties
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.....

(2) Date (from - to) Name and address of employer
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Reason for leaving Position held & main duties
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Relevant Employment Experience:

Please tick any boxes indicating relevant employment experience working with people with the following types of disability

- Intellectual Disability Hearing/Visual impairment Physical disability
- Dementia High Support Needs Cerebral Palsy
- Autism Mental Health illness Challenging Behaviours
- Acquired Brain Injury Other disability (Please list).....
- Other (Please list).....

Additional Information:

(Please add here any additional information relevant to the position eg. skills and personal experiences and knowlegde.etc).

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Work Availability and Requirements:

You may be required to work at the following times (Please tick your availability)

Day shifts (9am-5pm) **Yes** **No**

Evenings (5pm-10pm) **Yes** **No**

Night shift: (5pm O/N- 9am) **Yes** **No**

Weekends **Yes** **No**

Health

Please provide details of any previous or current medical condition or restriction, physical or otherwise, which may affect your ability to perform the essential requirements of the job.

This must include any medical condition or restriction arising from a previous workers' compensation claim. Failure to provide such information may jeopardise your rights to workers' compensation if a pre-existing disability is aggravated at work (Section 79 of the *Workers' Compensation and Rehabilitation Act 1981*).

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Disclosure of a medical condition or restriction does not necessarily exclude an applicant from employment

When could you commence employment with us?

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Referees:

(Please provide the names, addresses and telephone numbers of three persons as work related referees from whom confidential reports may be obtained)

1.
.....
2.
.....
3.
.....

Declaration by Applicant:

1. I understand that any misrepresentation of facts in this application could be cause for termination if employed.
2. I consent to any reference checks which may be necessary to support this application.
3. a) I declare that I **HAVE / HAVE NOT** had any criminal convictions recorded against my name in the last 70 days.
b) Please provide details of any convictions that have been recorded in last 70 days
.....
4. a) I declare that I **HAVE/ HAVE NOT** any criminal charges currently pending for trial in the criminal justice system.
b) Please list any current criminal charges

I, hereby declare that the information contained in this application is to the best of my knowledge true and correct.

.....
Signature of Applicant

.....
Date

Privacy: Your application form contains personal information, which will be dealt with in accordance with our Privacy Policy. If you are successful, your form will become an employment record. If you are unsuccessful your application form will be kept for six months before being destroyed.