

# APPLICATION FOR EMPLOYMENT



Date

The information on this form is confidential and details will not be divulged to any person without authority unless such person has a statutory right to the information. This form should be completed accurately and signed by the applicant.

## 1. Personal Details

Full Name:  Date of Birth:

Residential Address:

Phone:

Email:

Are you an Australian Citizen? Y  N

If not, do you have a legal right to work in Australia? Y  N

You will be asked to provide proof of your right to work.

Have you ever been convicted and/or charged with a criminal offence which would under law, prevent you from working with vulnerable people? Y  N

If yes, please provide details:

As a disability provider, you must maintain appropriate vaccinations.

Covid 19 Vaccination Status: 1 dose  2 doses  3 doses  4 doses  None

Current First Aid Certificate: Y  N

NDIS Worker Check: Y  N  Working with Children Check: Y  N

Are you of Aboriginal / Torres Strait Is. descent? Y  N

## 2. Previous Employment

Show most recent or present employer first

i. Employer Name:

Position Held:

Date From:  Date To:

Main Responsibilities:

Reason for Leaving:

# APPLICATION FOR EMPLOYMENT



ii. Employer Name:

Position Held:

Date From:

Date To:

Main Responsibilities:

Reason for Leaving:

iii. Employer Name:

Position Held:

Date From:

Date To:

Main Responsibilities:

Reason for Leaving:

### 3. Your Suitability For This Position

Please ensure that you address all the essential and desirable requirements stated for the position in a separate application letter.

Have you had or do you currently have any illness, injury or disability (physical or mental) which may affect your ability to carry out the requirements of the position? Y  N

If yes, please specify?

Drivers licence No. Y  N  State  Type

If my application for this position is successful, I will undergo a medical examination at Glenrays' discretion and expense. Y  N

**Your Interest Areas:** (to help us match participants with suitable staff)

- Cooking    Music    Sports    Art/craft    Gym    Social events  
 Singing    Movies    Bowling    Woodwork    Gardening    Other: \_\_\_\_\_

## 5. Qualifications

(Please attach additional page, if necessary)

Name of Course	Date completed	Result

## 6. Referees

If my application for this position is successful, I authorise Glenray to contact the following referees:

Name:		Position Held:	
Business:		Phone:	
Name:		Position Held:	
Business:		Phone:	
Name:		Position Held:	
Business:		Phone:	

I understand that if my application for this position is successful and if the position is permanent, this permanency will be subject to the satisfactory completion of a six month probationary period.

I confirm that I have not been dismissed from any previous position.

Should I be successful in obtaining employment, I understand this information will form part of Glenray's information system and records. It may also be used in planning for provision of services.

I give consent to Glenray to use this information for assessment of employment suitability and to contact referees listed for the purpose of this application.

I declare that the information provided by me in this application is true and correct in every particular.

Please note that any false or misleading information given in this application may lead to termination of my employment.

**Signature**

**Date**