



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Position Applied For:**  Personal Care  Registered Nurse  Enrolled Nurse  Lifestyle  Food Services  
 Environmental Services  Administration  Maintenance  
 Other: \_\_\_\_\_

**Department Applied For:**  Residential  Home Care

**Available to commence:** \_\_\_\_\_

Are there any circumstances known to you which in any way could affect your ability to undertake shift work or to work weekends or overtime? E.g.: Family responsibilities, spouse etc.  No  Yes

If yes, please provide details:

\_\_\_\_\_  
 \_\_\_\_\_

Since turning 16 years of age, have you have been a citizen or permanent resident of a country/countries other than Australia?

Yes:  No:

If **Yes**, Which Country: \_\_\_\_\_ Please state year of your arrival in Australia: \_\_\_\_\_

## Education

Highest Level passed at School: \_\_\_\_\_ This was in \_\_\_\_\_ (year)

Certificate in Aged or Community Care:  III  IV

Other Training or Education, which I have completed:

\_\_\_\_\_  
 \_\_\_\_\_

**Details of Previous Employment:** (Most recent employers first or the last 10 years of work history if less than 3)

Previous Employer	Position	Employed		Reason For Leaving	Reference contact details
		From	To		



**GENERAL**

	Yes	No	If Yes, give details
1. Have you ever been discharged from employment because your work or conduct was not satisfactory?			
2. Have you in the last 5 years been convicted of any offence other than minor traffic infringements?			
3. Do you have any objection to enquiries of your present employer regarding qualifications and character?			
4. Do you have any objection to us seeking verification and additional information to any matter within this application?			
5. Are you aware of any condition <u>likely</u> to affect the full performance of your duties in employment?			
6. Do you have any pre-existing injury, which may be affected by your work at Echuca Community for the Aged? <i>If you do not disclose any such information, you will not be entitled to Work cover Compensation if the nature of the job aggravates the pre-existing injury or disease. We may be able to modify work practices to avoid aggravating any pre-existing injury.</i>			
7. Is there any additional information you wish to give?			

**Two Referees who may be contacted to support my application are:**

1. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
2. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Have you read the relevant Position Description?**     Yes     No

**Please attach a current detailed resume.**

**I certify that to the best of my knowledge the above information is true and correct:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date