Echuca Community for the Aged

Application for Employment

7.1.3

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
		From	To	

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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 likely 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? *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.*			
7. Is there any additional information you wish to give?			

Two Referees from people you have worked directly with (supervisor, team leader) to support your application:

1. ***Name:*** _____ *Email* _____
2. ***Name:*** _____ *Email* _____

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