

**Title:** Employment Application Form

**Department:** Support

**Approved by:** Executive Manager

FORM



**Please complete and return this form along with your resume, cover letter and any other associated documentation.**

<b>POSITION</b>	Position you are applying for:		
<b>PERSONAL DETAILS</b>	Given name(s) :		Surname:
	Address:		
	Contact number:		
	Email:		
<b>EDUCATION &amp; TRAINING</b>  Please attach all relevant registration, qualifications & certificates to your application	<b>Name of qualification</b>	<b>Year completed</b>	<b>Name of institution</b>
	Any other relevant Training:		
<b>REGISTRATION/ PROFESSIONAL MEMBERSHIP</b>	If position requires professional registration (please attached copy) No: _____ Attach any professional memberships		
<b>PREVIOUS EMPLOYMENT</b>	<b>Previous Employer</b>	<b>Employer 1</b>	<b>Employer 2</b>
	Employer:		
	Position:		
	Reason for leaving:		
<b>WORK RIGHT &amp; NATIONALITY</b>	Are you an Australian citizen or Permanent Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If No, visa type:		
	Details of work conditions:		
	Issue Date:	Expiry Date:	
	Languages known other than English:		
<b>POLICE CHECK &amp; WORKING WITH CHILDREN</b>	National Police Check: Yes <input type="checkbox"/> No <input type="checkbox"/> (less than six (6) months old)	Working with Children Check: Yes <input type="checkbox"/> No <input type="checkbox"/> Check No. (WWC):	
	Do you have a current Australian Drivers Licence: Yes <input type="checkbox"/> No <input type="checkbox"/>		

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<b>REFEREES</b> Please provide two (2) employment referees		1 <sup>st</sup> Referee	2 <sup>nd</sup> Referee
	Name:		
	Position:		
	Organisation:		
	Contact number:		
	Email address:		

## DECLARATIONS

### HEALTH

Do you have any previous or current medical condition or restriction, physical or otherwise, which may affect your ability to perform the essential requirements of the job?

Yes  No

If YES, please provide details:

Important Note: Disclosure of a medical condition or restriction does not necessarily exclude an applicant from employment.

### WORKERS COMPENSATION

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 Injury Management Act 1981).

Yes  No

If YES, please provide details:

### CRIMINAL CONVICTIONS

Do you have any current convictions for any offences from any court, or are you currently the subject of any charge pending before any court?

Yes  No

If YES, please provide details:

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## DISCIPLINARY HISTORY

	Correct/ True	Incorrect/ False	Do not know/ cannot answer
1. I have <b>not</b> had my employment terminated by any previous employer due to misconduct in employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the past seven years, I have <b>not</b> been found to have engaged in misconduct in employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am <b>not</b> the subject of any open investigation into misconduct in employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have <b>not</b> ceased employment while being the subject of a misconduct investigation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. All information I have provided in and with my present application for employment is complete, true and correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## DECLARATION BY THE 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. I understand GV Hospice Care Service reserves the right to verify my passport, visa, driver's licence, demerit points, Registration, Working with Children and National Police Clearance details (this includes access to details of any spent convictions).

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 in your application, your form will become an employment record. If you are unsuccessful, your application form will be destroyed.

***Thank you for your application, we appreciate your effort and your interest in working with our team!***

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