

Employment Application

To provide an inspirational living experience through rewarding relationships with a focus on the individual.

Please fill in all sections of this form.

| | |
|---|-----------------------------|
| Position Applying For: | |
| Personal Details | |
| Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other | |
| First Name (s): | Surname: |
| Address: | |
| Suburb: | Post code: |
| Home Phone: | Mobile: |
| Email: | |
| Other Languages Spoken: | |
| Emergency Contact | |
| Name: | Relationship to you: |
| Contact number: | Alternative contact number: |
| Drivers Licence | |
| Do you have a current valid driver's licence? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Driver Licence Number: | Expiry Date: |
| Date of Issue: | Vehicle Registration: |
| Residency Status | |
| <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Work Visa <input type="checkbox"/> Other | |
| If applicable, please provide / attach details and proof of right to work: | |
| Availability | |
| <input type="checkbox"/> Casual <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Weekends | |
| Please indicate when you are available to commence work? | |

Education & Qualifications

Please list any appropriate education (secondary, tertiary etc) , professional or trade qualification that are relevant to the position you are applying for. Proof of these qualifications will be required prior to employment.

| Qualification | Institution | Year of Completion |
|---------------|-------------|--------------------|
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Professional Registration

Please list any appropriate professional registrations (Registered Nurse. Physiotherapist etc) held that are relevant to the position you are applying for. Proof of these registrations will be required prior to employment.

| Registration | Expiry Date | Registration Number |
|--------------|-------------|---------------------|
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Employment History

If you do not have a curriculum vitae/resume please complete your most recent employment history in the table below, starting with your current or most recent position held. Please note a curriculum vitae/resume will be required on interview.

| Employer | Position Held | Start Date | Finish Date | Reason for Leaving |
|----------|---------------|------------|-------------|--------------------|
| | | | | |
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Professional Referees

Please provide details of current or most recent supervisors who have agreed to be referees and who can be contacted by phone.

| Name | Company | Position | Contact Details | Was this referee your direct supervisor? |
|------|---------|----------|-----------------|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Criminal History Check

All applicants for positions with Crowley Care Services are required under the Aged Care Act 1997 (the Act) to undergo a national criminal history record check. In addition, all applicants must provide a statutory declaration certifying that they have never been:

- a) convicted of murder or sexual assault, or
- b) convicted of, and sentenced to imprisonment for, any other form of assault.

Have you been convicted of an offence that may impact your employment at Crowley Care Services?

Yes No

Employment at Crowley Care Services is subject to a satisfactory criminal history check. The completed and witnessed documents must be brought with you when asked to attend an interview.

Work Health & Safety

Health Status

To assist Crowley Care Services to comply with their obligation to ensure a safe workplace and in order to determine whether applicants are able to safely and adequately perform the requirements of a position.

To the best of your knowledge, do you currently have, or have you had, any medical or physical condition which could affect your employment with Crowley Care Services?

Yes No

If yes please give details:

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Privacy Statement

We will only use your personal information for the purpose of assessing your application for employment with Crowley Care Services. The information we collect from you will be handled sensitively and securely with proper regards for privacy.

All information provided by applications is subject to the requirements of Australian privacy legislation, in particular the Privacy Amendment (Private Sector) Act 2000.

Declaration

I understand that if, at some future date, information supplied in this application is found to be false or misleading, this would constitute sufficient grounds for the cancellation of my application or, if I am employed as a consequence of this application, the termination of my employment with Crowley Care Services.

I understand that the information supplied in this application will be kept on file for a period of up to 6 months by Crowley Care Services so that I may be considered for positions that arise.

If I am successful in being employed by Crowley Care Services I understand that this application will become part of my personnel file.

Signature of Applicant:

Date: