

HR-F-009 EMPLOYMENT APPLICATION FORM

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| **PERSONAL DETAILS** | | | | | | | | | | | | |
| **Title** | | | | | | | | | | | | |
| **First Name** | | | | | | | | | | | | |
| **Surname** | | | | | | | | | | | | |
| **Preferred Name** | | | | | | | | | | | | |
| **Have you been known by another name? (please detail)** | |  | | | | | | | | **Year changed** |  | |
| **Address** | | | | | | | | | | | | |
| **Suburb** | | | | | | | | **State** | | **Postcode** | | |
| **Email Address** | | | | | | | | | | | | |
| **Phone (Home)** | | | **Mobile** | | | | | | | **Business** | | |
| **Do you speak, read or write any languages other than English?  (please detail)** | | | |  | | | | | | | | |
| **Are you Aboriginal or Torres Strait Islander?**  **(please tick)** | | | **No**  **Yes Aboriginal**  **Yes Torres Strait Islander**  **Yes both Aboriginal and Torres Strait Islander** | | | | | | | | | |
| **Are currently authorised to work in Australia?**  **Yes** - permanent resident or Australian/New Zealand citizen  **Yes**- current work visa/ permit  VISA Type:  VISA Expiry Date:  VISA Restrictions:  **No** - require assistance | | | | | | | | | | | | |
| **Have you resided in an overseas country for 12 months or more in the last ten years?** | | | | | | | | | | **Yes** | | **No** |
| **Do you authorise MacKillop Family Services to undertake regular/ongoing Visa checks to confirm your work entitlement?** | | | | | | | | | | **Yes** | | **No** |
| **Do you have a current Australian drivers licence?** | | | | | | | | | | **Yes** | | **No** |
| **Do you have a current Working with Children Check?** | | | | | | | | | | **Yes** | | **No** |
| **Do you have a pre-existing injury, illness or medical condition that would affect your ability to perform this role?** | | | | | | | | | | **Yes** | | **No** |
| If yes, please provide details of the injury, illness or medical condition, and any current restrictions it may have on your ability to perform this role? | | | | | | | | | | | | |
| Are there any ways that we might be able to reasonable accommodate your restrictions that would enable you to perform the role (please detail)? | | | | | | | | | | | | |
| **I am not on the Disability Worker Exclusion list.**  There are no current notifications, or preliminary notifications, which have been made to the Department of Health and Human Services (DHHS) under the Disability Worker Exclusion Scheme. | | | | | | | | | | **True** | | **False** |
| **Have you had any traffic infringement notices in the past 5 years**  If yes, please provide details: | | | | | | | | | | **Yes** | | **No** |
| **Have you ever worked for MacKillop Family Services before?** | | | | | **Yes**  Details | | **No** | | **Currently employed**  Details | | | |
| **How did you hear about this position?** | | | | | MacKillop’s Website/Employment Page  Online Job Advertisement – List:  Newspaper – List:  Friend/ MacKillop Family Services Employee  Other Please specify: | | | | | | | |
| **BACKGROUND DECLARATION** | | | | | | | | | | | | |
| **I am prepared to complete a Psychological Assessment? (If required)** | | | | | | | | | | **Yes** | **No** | |
| **I am prepared to provide/undertake an independent medical to support my application?  (If required)** | | | | | | | | | | **Yes** | **No** | |
| **I am willing to undertake a Police Check?** | | | | | | | | | | **Yes** | **No** | |
| **In the last 10 years, have you been charged with any offence which has not been fully determined before a court or otherwise withdrawn or dismissed?**  If yes, please provide details: | | | | | | | | | | **Yes** | **No** | |
| **In the last 10 years, have you served any part of a sentence of imprisonment, or been charged with any offence that has been proven against you?**  If yes, please provide details: | | | | | | | | | | **Yes** | **No** | |
| **Are you willing to undertake a Disability Worker Exclusion Scheme (DWES) check? See information below** | | | | | | | | | | **Yes** | | **No** |
| I am aware that the Department of Health and Human Services (the department) operates a Disability Worker Exclusion Scheme (scheme) and has a Disability Worker Exclusion List (the list). By submitting this job application I consent to my name being checked against the list for the purpose of assessing my job application. I also consent to the department collecting personal information and sensitive personal information about me, including relating to any criminal and employment history of mine, for the purposes of the department compiling and maintaining the list. I accept that if my name is on or is placed on the list, I will be unable to work as a disability worker in a disability residential service directly provided, funded or registered by the department. | | | | | | | | | | | | |
| **EMPLOYMENT HISTORY (please complete if not included in resume)** | | | | | | | | | | | | |
| **Please list information about your current and past employment (including temporary, part-time and voluntary work) starting with the most recent employment.** | | | | | | | | | | | | |
| **Period Employed** | **Employer** | | | | | **Duties** | | | | **Reason for leaving** | | |
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| **EDUCATION (please complete if not included in resume)** | | | | | | |
| **Please provide details of Tertiary or Secondary Education you have completed or are currently undertaking. Start with the most recent.** | | | | | | |
| **Year Completed** | | **Qualification** | | | | **Institution** |
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| **WORK/PROFESSIONAL REFEREES (please complete if not included in resume)** | | | | | | |
| **Please nominate three professional referees, with one referee preferably being your current Manager/ Supervisor. Please note, you will be notified before referees are contacted.** | | | | | | |
| **Name** | **Position** | | **Organisation** | | **Contact number** | |
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| **DECLARATION IN SUMMARY** | | | | | | |
| I (Full Name)        declare that | | | | | | |
| * I have answered all questions honestly and openly and I have not knowingly withheld any relevant information. * I have read the position description and I understand the inherent requirements of the position for which I am applying. * I acknowledge that failure to disclose this information or providing false and misleading information may result in invoking Section 41 Workplace Injury Rehabilitation And Compensation Act which will dis-entitle me or my dependants from receiving any workers’ compensation benefits relating to any recurrence, aggravation, exacerbation or deterioration of any pre-existing condition which I may have arising out of or in the course of, the employment * MacKillop Family Services complies with the state and federal privacy legislation and understands the purpose and uses that may be made of the information I have provided. If during the recruitment and selection process, or during the employment life-cycle, a finding of a disclosable outcome is obtained by MacKillop Family Services through the national police checking service or Crimcheck process I agree that the disclosable outcome information will be retained and stored past the destroyed date specified on the outcome result in a secure location. * I authorise MacKillop Family Services (and their employees and agents) to make such enquiries as considered appropriate to verify the information I have provided as part of this application: * I have no prior injuries, illnesses or medical condition that may recur, deteriorate, be exacerbated or aggravated by the employment.   I certify that the information given is a true and accurate statement and I understand that I am liable to have my employment terminated, or my offer of employment withdrawn if any details in the application are found to be falsified or misleading. | | | | | | |
| Signature: | | | | Date: | | |