Application for Employment

(Human Resources)

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| * You must answer all questions with an asterisk * Press “TAB” key go forward * Press/Hold “Shift” and Press “Tab” key to go backward |

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| **Position Sought:** |  |

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| Personal Details | | | | | |
|  | **Surname \*:** |  | **Given Name \*:** |  |  |
|  | **Date of Birth \*:** |  | **Phone / Mobile \*:** |  |  |
|  | **Address \*:** |  | | |  |
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| Work Permit in Australia | | | | | | | | | | | |
|  | **Are you an Australian citizen? \*** | | | | | | | **Y** | **N** | | |
| If you are not an Australian citizen, you MUST provide relevant details below and provide a certified copy or your application will NOT be considered. | | | | | | | | | | | |
|  | | **DFTTA** | | **Document Number** |  | **Country of Document** |  | | |  | |
|  | | **ImmiCard** | | **ImmiCard Number** |  |  |  | | |  | |
|  | | **Passport** | | **Document Number** |  | **Country of Document** |  | | |  | |
|  | | **PLO56 (M56)** | |  |  | **Country of Document** |  | | |  | |
|  | | **Titre de Voyage** | | **Document Number** |  | **Country of Document** |  | | |  | |
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| Health & Physical Capacity | | | | | | | |
|  | | Are there any **physical restrictions**, e.g. lifting, sitting, standing, walking? **\*** | | | **Y** | **N** | |
|  | | Do you suffer from any **back problem** or **ailment or disability** or are you taking **regular medication** which may affect work performance or affect attendance? **\*** | | | **Y** | **N** | |
|  | | Are you aware of any other **pre-existing medical condition or injury** which might act as an impediment to your performance in this position, either now or later in your employment? **\*** | | | **Y** | **N** | |
|  | | Have you every submitted a **worker’s compensation or any disability claim**? **\*** | | | **Y** | **N** | |
|  | If *yes*, specify | |  |  | | |  |
|  | | **Consent \*** | Do you give consent to ADSI to **verify** your worker’s compensation claim history? **\*** | | **Y** | **N** | |
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| Relevant Education/Qualifications(Attach Copies / Overseas Qualification Must be Accredited in Australia) | | | | | | | |
| **Categories \*** | **Institution \*** | | **Major/Area/Subject \*** | | | | **Year Finished \*** |
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| Employment History | | | | | | | |
| **Employer \*** | | **Position \*** | | **From \*** | **To \*** | **Exit Reason \*** | |
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| Work Reference(Specify details of persons prepared to give verbal references or attach copies of written references if available) | | | |
| **Name \*** | **Position \*** | **Organisation \*** | **Phone / Mobile \*** |
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| Other Work-Related Information | | | | | | | |
| **Driver’s License #** |  | **Group (i.e. A, C)** |  | **Expiry Date:** | |  | |
| Do you hold a current **First Aid** certificate? **\*** | | | | | **Y** | | **N** |
| Do you have current **National Police Check Clearance**? **\*** | | | | | **Y** | | **N** |
| Do you have current **NSW Working with Children Check Clearance**? **\*** | | | | | **Y** | | **N** |
| Do you agree to a **pre-medical appointment by a GP**? | | | | | **Y** | | **N** |

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| Application Checklist(Incomplete Application will NOT be considered) | | |
| **You have answered ALL questions in this Application Form? \*** | **Y** | **N** |
| **You provided evidence of Education Qualification? \*** | **Y** | **N** |
| **You provided Up-to-Date Resume? \*** | **Y** | **N** |
| **You prepared a Statement addressing Selection Criteria against the Position Sought? \*** | **Y** | **N** |

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| Applicant’s Statement | | |
| That all information provided in this application and any attached papers are, to the best of my knowledge, true and accurate in every respect.  I understand that any statement I make (or information I knowingly withhold) which is found to be false or misleading as to the substance of my application will constitute grounds for termination of any contract of employment entered into. | **Y** | **N** |

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| Please return to via email / fax or hand in person with other application documents | | | | | | | |
| **Applicant Signature:** | | |  | **Date:** |  |  | |
|  | | | Regarded as signed once the applicant fills in full name and date hereabove. | | |  | |
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