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 \*** |
|  |       |       |      |
|  |       |       |      |
|  |       |       |      |
| 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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