



EMPLOYMENT APPLICATION FORM

Thank you for making application for a position with St Andrews.

Please ensure you personally complete this form.

The application form is a source of information which will be used by St Andrews to assist us in considering your suitability for the position for which you are applying. If successful, such information shall form part of your personnel records. Failure to supply the information requested will impede our ability to assess your suitability for the position.

Any offer of employment may be subject to your completing a St Andrews pre-employment medical questionnaire and/or examination if required.

In addition, any offer of employment will be subject to satisfactory reference checks and Police checks which do not disclose any offence which may put staff or residents at risk.

Failure to disclose or falsification of any information requested on the application form may result in termination of employment.

The above information is provided in accordance with The Privacy Act.

You are entitled to access this information upon request.

APPLICATION FOR EMPLOYMENT

DATE: _____

NOTE: *The completion of this form does not indicate that there is any obligation on the part of St Andrews to engage the applicant.*

PURPOSE: This information is collected for the purpose of assessing your suitability for employment.

PERSONAL DETAILS

Position applied for: _____

Circle preferred days of work:

Note: *There is no obligation or guarantee that you will be given set days or shifts*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Are you applying for full-time, part-time work or casual work? _____

I agree to abide by my stated availability above.....(signed)

How did you hear about this position? _____

Surname: _____

First Name(s): _____

Preferred Name: _____

Are you known by any other names?

If so please give details _____

Address: _____

Telephone numbers

_____ (home) _____ (mobile)

_____ (work) _____ (other)

Name & Address Next of Kin / Emergency Contact Person *(please state relationship)*

Contact Phone Numbers: _____
Home Mobile

LEGAL WORK STATUS

Are you legally entitled to work in Australia?

Yes No Australian Citizen Student/Visitor Australian Resident Work Permit/Visa *Note: You will be required to produce a copy of your eligibility to work in Australia***EDUCATION**

Name of secondary school(s) attended:

Name		Name	
Address		Address	
From		From	
To		To	
Qualifications Attained		Qualifications Attained	

Name of University/Tertiary Institution(s) attended:

Name		Name	
Address		Address	
From		From	
To		To	
Qualifications Attained (Degree/Diploma)		Qualifications Attained (Degree/Diploma)	

Do you have any other qualifications / certificates / licenses / or attended any courses?

Yes No Please give details:

Current Practicing Certificate Number: _____ (if applicable)

Can you speak any other language than English? Yes No

If yes please specify: _____

EMPLOYMENT HISTORY

Please give details of your last 3 places of employment include current if applicable

EMPLOYER:					
From		To		Hrs Worked	
Address					
Position held					
Key Responsibilities					
Reasons for leaving					

EMPLOYER:					
From		To		Hrs Worked	
Address					
Position held					
Key Responsibilities					
Reasons for leaving					

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From		To		Hrs Worked	
Address					
Position held					
Key Responsibilities					
Reasons for leaving					

For the purposes of compliance with the Privacy Act do you consent to St Andrews contacting your present employer for the purposes of reference checking?

Yes No

Have you ever worked for St Andrews before? _____

If you have answered yes – please give details of when: _____

REFEREES

Give name, address, and telephone numbers of your last two work employers (not relatives) whom you give us authorisation to contact on a confidential basis.

Name		Company	
Position			
Address			
Telephone		Mobile	

Name		Company	
Position			
Address			
Telephone		Mobile	

If your application is successful, when would you be able to commence work?

GENERAL

Are you prepared to work shifts if required to do so? Yes No

Are you prepared to work overtime if required? Yes No

Are you prepared to handle all products, materials or equipment used in the industry?
Yes No

Do you have a current driver's licence? (if yes, see below) Yes No

What class(s)	
Licence Number	
Demerit Points	

CRIMINAL CONVICTIONS

You will be asked to complete a vetting form to enable us to check if you have criminal convictions. Please answer below questions honestly;

	Yes	No
Have you ever been sentenced to a custodial sentence (e.g. imprisonment, corrective training or borstal) regardless of how long ago?		
Have you ever been ordered by a Court during a criminal case to be detained in a hospital due to your mental condition, instead of being sentenced?		
Have you ever been convicted of a criminal offence regardless of how long ago?		
Have you ever been disqualified from holding a driver license for offences involving alcohol or drugs, regardless of how long ago?		
Have you ever been convicted of an offence overseas, regardless of how long ago?		
Have you ever been convicted of <u>any</u> offence? Note all convictions, including overseas convictions, must be disclosed.		

Are you awaiting the hearing of any charges? Yes No
If yes, please give details:

Have you ever been dismissed / terminated for dishonesty, or been the subject of an investigation that resulted in your resignation? Yes No

If yes, please provide details:

MEDICAL

Are you currently taking any medication that may affect your ability to perform the position for which you are applying?

Yes No

The following question is to ensure we do not place you in a position or ask you to complete tasks which may aggravate any existing or historic medical condition or injury you may have.

Do you have, or have you ever had an injury or medical condition which the tasks of the job applied for may aggravate, or which may affect your ability to perform the tasks of the job effectively? For example, back injury, hearing loss, blackouts, fits, seizures, gradual process injury (RSI/COS), psychological condition (PTSD/ Anxiety), disease or infection, sensitivity to chemicals. Please note this list is not exhaustive. Yes

No

If yes, please provide details:

The following question is to ensure we do not place you in a position or ask you to complete tasks which may aggravate any existing or historic medical condition or injury you may have. This information also helps us to identify any additional assistance we may be able to provide to you in your role.

Have you suffered from:

	Y	N		Y	N
Hearing loss			Fits/Seizures/Epilepsy		
Heart Complaint			Back injury / back strain		
Hernia			Colour Blindness		
Blackouts			Gradual Process injury		
Mental illness			Anxiety and/or depression		

If you answered yes to any of the conditions described above, please provide details.

Did this result in treatment in the past 5 years which has necessitated an absence from, or affected your ability to work? Yes No

If you are offered employment the offer may be subject to your obtaining a full medical clearance following the completion of our pre-employment medical. Do you agree to undergo a medical examination if required?

Yes No

Do you consent to any biological monitoring for infection control purposes?

Yes No

Do you consent to St Andrews retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with us?

Yes No

DECLARATION

I, _____ (full name) declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I understand that receipt of a reference unsatisfactory to St Andrews or a Police Check which discloses any offence which may put staff and clients at risk, will result in my application not be accepted, or if I am employed, my employment may be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease, infection or mental illness may result in my loss of entitlement for any Work Cover compensation. I further understand that any offer of employment if made may be conditional on my obtaining a full medical clearance.

I acknowledge that the information given by me in connection with this application may be discussed with my referees, and I agree to them being contacted at any time. I understand that the information gained from this will be held in confidence and may not be available to me.

Signed: _____ Date: _____

CONSENT

I consent to St Andrews seeking verbal or written information about me from representatives or my previous employers and/or referees and authorise the information sought to be released by them to St Andrews for the purposes of ascertaining my suitability for the position for which I am applying.

Signed _____ Date: _____

I, _____ (full name) consent to St Andrews providing information to prospective employers if other employment is sought in the future.

I, _____ (full name) consent to St Andrews contacting me via my personal email address for the purpose of managing employment related matters.

Signed _____ Date _____