

TASMANIAN ABORIGINAL CENTRE

ABN 48 212 321 102



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APPLICATION FOR EMPLOYMENT

Please complete application form and attach any other relevant information eg. Resume, experience and ability to do the job.

Position applied for:

.....

(A) PERSONAL DETAILS

Surname:.....First Names:.....

Address:.....

Phone No:.....Date of Birth:.....

Are you Aboriginal? ☐ Yes ☐ No

If "Yes", please provide family details or names of referees from the Aboriginal community.

(B) EDUCATION, QUALIFICATIONS & ACTIVITIES

School/ College	Year/Standard Achieved	Year Completed
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Training Courses/ Seminars Completed

Type of Course	With Whom	Result Achieved	Year Completed
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Licences/Certificates held

Type of Licence/Certificate (e.g. Car Drivers, Light Rigid class LR, Equipment Operators, First Aid, Chemical Spraying)	Licence/ Ref Number	Expiry Date	Sighted by TAC (initial)

Training Courses/ Seminars Currently Being Undertaken

Type of Course	With Whom	When Started	Duration

Community Activities (past or present member of any Aboriginal committee, voluntary work etc.)

(C) WORK EXPERIENCE

Have you previously been employed by the TAC? ☐ Yes ☐ No

If "Yes", the year you left:

Reasons for leaving:

Employment history:**Give details of previous jobs held:**

Employer Name	Employed From To	Employed as	Reason for leaving

Referees who may be contacted regarding previous employment:

Employer Name	Contact Name and Position	Phone	Reference checked (initial)

(D) PREVIOUS WORKERS COMPENSATION CLAIMS

Have you ever received Workers Compensation for an injury or disease?

☐ Yes ☐ No

If “yes”, please give details of each claim.

Date of injury/ disease	Nature of injury/ disease	Name of Employer	Period off work
1			
What happened?			
2			
What happened?			

Do you have any unsettled claims under Workers Compensation at present ?

☐ Yes ☐ No

If “yes” please give details:

(E) HEALTH DEMANDS OF THE POSITION

Instructions: Please read the health demands listed in position description and if you agree with the statements, sign the declaration.

Health Declaration

I understand the health requirements specified for this job and I am not aware of any health condition which might interfere with my ability to perform the duties of this position or which might lead to foreseeable injury to myself or others in the normal course of work. I am aware that misleading statements may threaten my appointment or continued employment. If required as part of the recruitment requirements for this position I will attend a medical assessment conducted by a medical practitioner nominated by the TAC.

Applicant's Signature:..... Date:.....

(F) RULES OF EMPLOYMENT

If employed by Tasmanian Aboriginal Corporation:

- 1) I confirm that the answers given in this application form are true. I understand that the organisation shall have the right to terminate my employment without notice should the statements made by me be found to be false in any way.
- 2) I agree to abide by policies and procedures of the organisation.
- 3) I agree and understand that working safely is a condition of my employment.
- 4) I agree that I shall not divulge to others outside the organisation any confidential information obtained during the course of my employment particularly relating to individual community members.

In the event of disclosure of confidential information during or following the period of employment the employee is liable to instant dismissal and/ or legal proceedings being instituted.

Signature:..... Date:.....