Application For Employment

To be completed by the applicant.

The information supplied in this document and in your application will be treated in the strictest of confidence.

**Applicant Details:**

|  |  |  |
| --- | --- | --- |
| Title: | Surname: | Given Name/s: |

**Details of Advertised Vacancy:**

|  |  |
| --- | --- |
| **JOB TITLE:** |  |
| **LOCATION:** |  |
| **EMPLOYMENT TYPE (PLEASE CIRCLE):** | Permanent / Contract Employee / Casual / Student |
| **APPLICATIONS SHOULD BE MARKED ‘PRIVATE AND CONFIDENTIAL’ AND FORWARDED TO:** | Private and ConfidentialHuman Resources Manager66 Victoria StreetHastings Vic 3915Or via email: hr@milife-victoria.org.au |

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**Personal Details:**

|  |  |  |
| --- | --- | --- |
| Title: | Surname: | Given Name/s: |
| Preferred name: |
| Home Address: |
| Suburb: State: P/Code:  |
| Contact Details: |
| Work: Mobile:  |    |  Home: Email: |   |
| Current qualifications:Please attach copies of all current qualifications and certificates of attainment | Year Obtained: |
|  |  |
|  |  |
|  |  |
|  |  |
| Are you an Australian Citizen / Permanent Resident?[ ] Yes[ ] NoIf no, do you have a working visa [ ] Yes[ ] No(*Note: to be eligible for employment, applicants must have the appropriate work visa or have permanent residency status and provide proof of such prior to an interview)* |

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| In the last 10 years, have you lived overseas for longer than 12 months? [ ] Yes[ ] No |
| Have you ever applied to or worked for the Organisation previously? [ ] Yes[ ] No(MiLife-Victoria or Peninsula Access Support and Training – P.A.S.T.) |
| Do you have any friends, relatives or acquaintances working [ ] Yes[ ] Nofor or attending the Organisation? If yes, state name & relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have a current First Aid certificate [ ] Yes[ ] No  |
| Do you have a current Working With Children Check (Employment) [ ] Yes[ ] No  |
| Do you have a current NDIS Worker Screening Check? [ ] Yes[ ] No |
| Are you registered with the Portable Long service Leave Authority? [ ] Yes[ ] NoIf so Please provide your worker number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have a Certificate of Completion of the NDIS Worker Orientation Module? [ ] Yes [ ] No |
| Do you require any special arrangements at an interview? [ ] Yes [ ] NoIf yes, please provide details below: |
|  |
| Do you have any pre-existing injury or disease of which you are aware that you could reasonably be expected to foresee, could be affected by the nature of the duties and responsibilities of the position for which you are applying? [ ] Yes [ ] NoIf yes, please provide a brief description (or on a separate advice):*(Note: Failure to make such a disclosure or the making of a false or misleading disclosure forfeits you the right to compensation under the Accident Compensation Act 1985)* |

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| Do you have any convictions, finding of guilt and/or pending police investigations or charges against you that are less than 10 years old? [ ]  Yes [ ]  NoIf yes, please provide brief details:(Note: A satisfactory police record check is a prerequisite of the position) |
|  |
| Can you work on the weekends? [ ]  Yes [ ]  NoCan you work mornings? [ ]  Yes [ ]  NoCan you work evenings? [ ]  Yes [ ]  No |
| Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?[ ]  Yes [ ]  NoIf yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**Previous Employment Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer name/establishment  | Dates from/to  | Position held  | Reason for leaving  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Referee Details:**

*Note: Two referees are required. These referees should have been your immediate supervisor in your past or existing role.*

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| --- |
| 1.Name of Referee: |
| Position Held: | Contact No: |
| Name of Organisation: |
| 2.Name of Referee: |
| Position Held: | Contact No: |
| Name of Organisation: |

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| 3.Name of Referee: |
| Position Held: | Contact No: |
| Name of Organisation: |

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| If successful, when would you be able to start work?  |

**Certification:**

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| I hereby certify that the above information is correct and complete to the best of my knowledge and belief. I understand that, if I am employed, I will be liable to dismissal if any of the statements in my application are found to be deliberately misleading. |
| Applicants Name *(print)*:  |
| Signature:  |
| Date:  |