

Management Manual



APPLICATION FOR EMPLOYMENT
St. John's Village Inc.

Form No: 6.0.5

Position Applying For: _____

Family Name: _____

Other Names: _____

Preferred Name: _____

Mrs Ms Miss Mr

Address: _____

Contact Details: Home Phone: _____
Mobile Phone: _____
Email: _____

Emergency Contact (name) _____
Contact Details: Telephone: (H) _____ (W) _____ Mobile: _____

Have you been a citizen or permanent resident in a country other than Australia at any time after your 16th Birthday Yes
No

1. If yes, completion of a Statutory Declaration will be required prior to offer of employment.

Have you had a National Police Check conducted in the last 12 months? Yes
No

1. If yes, please present the original copy at interview.
2. If no, an application for a Police Check will be required upon offer of employment.

Are you legally entitled to work in Australia?

Yes, I am an Australian citizen or permanent resident.
Yes, I hold a valid work visa
Passport/ImmiCard number: _____
Country of Passport/ImmiCard: _____
Date of Birth: ___ / ___ / _____

Have you previously been employed by St John's Village? Yes
No

If yes, please state dates: ___/___/___ to ___/___/___

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Do you have a current First Aid/Basic Life Support Certificate?

Yes **No**

**Other skills/
Training certificates**

Please attach separate documentation if required

Employment History - Current:			
Year	Name of Employer	Position & Duties	Reason for Leaving
Employment History - Previous			
Year	Name of Employer	Position & Duties	Reason for Leaving

The following declaration is made for the purposes of S82 (7) (8) (9) of the Accident Compensation Act.

I have received the position description that contains the details and explains to me the tasks and duties of the position of _____ and I understand that I am required to inform St John's Village Inc. of all pre-existing injuries and diseases of which I am aware and to which I believe may be affected by the job for which I am applying, and I understand that if I fail to inform St. John's Village Inc. or I provide false or misleading information about my condition, in accordance with S82 (8) of the Accident Compensation Act 1985, I and my dependents may not be entitled to compensation payments if my pre-existing injury or disease recurs or worsens as a result of working in the position for which I have applied.

Therefore, (tick whichever is applicable)

1. I am not aware of any pre-existing injury or disease that I have that may be affected by the duties that are contained in the position description;

OR

2. I am aware of the following pre existing injury/injuries or disease that may be affected by the performance of the duties that are contained in the position description

Please list details of the pre-existing injury and/or disease: _____

The final offer of appointment to this position may be subject to the applicant undertaking a pre-employment Functional Health Assessment to establish his/her state of health and suitability to undertake the inherent requirements of the position.

Are you prepared to undergo a pre-employment Functional Health Assessment? **Yes** **No**

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Please provide details of three Professional Referees

1. Name:

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Organisation:

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Phone No:

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2. Name:

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Organisation:

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Phone No:

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3. Name:

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Organisation:

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Phone No:

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St. John's Village Inc. requires the provision of your personal details in this application to assist us in managing our care services, and to facilitate the employment of the applicant whose experience/qualifications are the most suitable for the particular position we are recruiting to.

If you are unsuccessful in your application, St. John's Village Inc. will securely retain your application for a period of 6 months before destroying it. The provision of false, misleading or inaccurate information in this application, if employed, may lead to dismissal.

I certify that to the best of my knowledge, the information provided in this application is accurate and correct.

Signature: _____

Date: _____