

# CONFIDENTIAL EMPLOYMENT APPLICATION

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## Privacy Statement

The detail you provide to us will only be used for the purpose for which they were provided that is; any process related to pre-employment, employment and post employment. They will not be used for any other purpose without your consent. The organisation has systems in place to ensure applicant and staff personal and confidential information is safe guarded against loss, unauthorised access, modification or disclosure.

Have you ever worked for Kiwi Dale Pty Ltd in the past?  Yes  No

If YES, specify where you worked: \_\_\_\_\_

Period of employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

What was your position: \_\_\_\_\_

Please supply the name of your last direct Supervisor/Manager: \_\_\_\_\_

Position being applied for: \_\_\_\_\_

## APPLICANT DETAILS:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: Female / Male

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Bus License No (if applicable): \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**[ONLY COMPLETE THE FOLLOWING QUESTIONS WHERE THE POSITION APPLIED FOR INCLUDES DRIVING A MOTOR VEHICLE AS PART OF YOUR DUTIES]**

Have you ever been convicted of a driving offence? Yes / No

If YES, please state details: \_\_\_\_\_

Please state the number of demerit points currently accumulated: \_\_\_\_\_

Have you ever had your licence cancelled or suspended? Yes / No

If YES, please state details: \_\_\_\_\_

Please furnish details of any motor vehicle accidents in which you were involved as a driver during the last two years: \_\_\_\_\_

Do you hold a current Police Certificate, issued within the last 3 years? Yes / No

If YES, please provide a copy.

If NO, have you applied for a Police Certificate to be issued? Yes / No

Authorised by:

Position:

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**Language/s Spoken:**

- English
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YES	NO

**Would you be willing to have your language skills assessed and to be used as an interpreter for residents and their families from time to time?**

**Type of Work:**

- Fulltime
- Part time
- Casual

No. of hours/week: \_\_\_\_\_

**Preferred Work Times:**

Day	Morning Shift		Afternoon Shift		Night Shift	
	Start	Finish	Start	Finish	Start	Finish
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

**DO YOU HOLD ANY OF THE FOLLOWING CERTIFICATES:**

CERTIFICATES	YEAR ATTAINED	INSTITUTION	ENCLOSED WITH CV
Cert III Aged Care			
Cert IV Community Services			
RN Div 2 Med End [Enteral/Topical only]			
RN Div 2 Med END [inc. S.C. & I.M.]			
First Aid [within last 2 years]			
Dementia Certificate			
Manual Handling Certificate			
OH&S Rep Certificate			
Cert IV Workplace Assessment and Training [inc. Upgrade]			
Other:			

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## 1. PERSONAL PARTICULARS – **ALL QUESTIONS MUST BE ANSWERED**

Person to be contacted in an emergency:

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Contact No.: 1. \_\_\_\_\_ 2. \_\_\_\_\_ Email: \_\_\_\_\_
- Country of Birth: \_\_\_\_\_
- Nationality: \_\_\_\_\_

Are you an Australian, or a New Zealand citizen, or a Permanent Resident? Yes / No

If YES, please state which? \_\_\_\_\_

If NO, do you hold a current work permit? \_\_\_\_\_

### BANK ACCOUNT DETAILS

Bank Name: \_\_\_\_\_

Account Holders Name: \_\_\_\_\_

BSB No.:

Account No.: \_\_\_\_\_

TAX FILE NO.: \_\_\_\_\_

### SUPERANNUATION

Fund Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Extra Super Contributions \_\_\_\_\_ % or \$ \_\_\_\_\_

## 2. WHY ARE YOU INTERESTED IN THIS POSITION?

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Please specify any experience you have in this industry

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### 3. DETAILS OF ACADEMIC QUALIFICATION [ATTACH CERTIFICATES]

Name of Course	Institute	Duration of Course	Date Completed	Evidence Provided

Note: A certified copy of relevant qualifications are required.

**Details of present studies [if any]:**

\_\_\_\_\_

\_\_\_\_\_

### 4. EMPLOYMENT HISTORY [or attached completed CV]

**Work Experience** - Please attach CV if insufficient space (begin with current employment)

Name of Employer	Address & Phone	From / To	Position	Reason for Leaving

**PLEASE SUPPLY THE NAMES OF 3 REFEREES [or attached completed CV]**

[One person from each of your last three employers who will speak on your behalf]

1. Name: \_\_\_\_\_ Organisation: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Organisation: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Organisation: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**Do you belong to any Professional Associations? Yes / No**

**If yes, which \_\_\_\_\_**

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**5. MEDICAL HISTORY**

The position you are applying for will involve physical activity.

We therefore request that you disclose any pre-existing injuries or diseases of which you are aware of and could reasonably be expected to foresee could be affected by the nature of the position you are applying for.

In the event of any recurrence, aggravation, acceleration, exacerbation of a pre-existing condition about which you have failed to make the above disclosure or have made a false or misleading disclosure, you may forfeit your rights and entitlements to compensation under the Accident Compensation ACT.

***Have you any medical history, pre-existing illnesses, injuries, diseases, physical or psychological conditions which could be aggravated by the type of work you are apply for? Yes / No***

***If YES, please explain \_\_\_\_\_***

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*Do you normally experience good health? Yes / No*

*Have you in recent years suffered any muscle or ligament strains? Yes / No*

*Have you ever suffered any back strain or injury? Yes / No*

*Have you in recent years suffered any joint strains or damage? Yes / No*

*Do you have any allergies [including bee sting] or breathing difficulties? Yes / No*

*Do you have good eye sight? Yes / No*

*Have you ever suffered dizzy spells, fainting or unexplained loss of balance? Yes / No*

***If YES to any of the above six, please explain \_\_\_\_\_***

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*Are you a blood donor? Yes / No*

*Do you take drugs or prescribed medication that might affect you safely performing your duties? Yes / No*

***If YES, please explain \_\_\_\_\_***

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**6. COMMUNITY INTERESTS/SOCIAL BACKGROUND**

Sporting or other outside interests, including community service: \_\_\_\_\_

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Clubs/Organisations: \_\_\_\_\_

Offices held: \_\_\_\_\_

## 7. DATE OF APPOINTMENT

If appointed, when can you start? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## CONDITIONS OF EMPLOYMENT

An employee must in addition to the conditions imposed by the appropriate State and/or Federal Legislation covering employment, etc., be bound by the following conditions:

1. The first three months of employment is a probationary period during which training and supervision will be given. During this period either party may, without notice, terminate the employment contract.
2. The employer reserves the right to determine dress requirements during working hours, including overtime hours.
3. Employees will maintain personal cleanliness and grooming during the period of their employment to a standard acceptable to the employer and suitable for the type of employment.
4. Employees are required undertake staff training and up-skilling refresher courses. The cost of these courses will be met in accordance with the policy on Training and Education.
5. Employees will abstain from the use of illicit drugs or commencing work under the influence of drugs or alcohol. Failure to comply with this requirement will result in instant dismissal.
6. Employees are to notify the Facility Manager/Director of Residential Care Services when taking prescription drugs which may impair their judgement in carrying out allocated duties.
7. Our work places are smoke free. Smoking is not permitted while participating in any client contact duties. Company buildings and motor vehicles are smoke free.
8. No alcohol shall be consumed on the premises or during normal start and finish times of duty without specific consent of management.
9. The employer may lodge all wages and salaries directly into an employee's bank account.
10. Any employee who has driving responsibilities must hold a current Victorian drivers licence. If the employee has an interstate licence at the time of employment they must produce a Victorian licence to the Facility Manager/Director of Resident Care Services within three months of commencing employment.
11. Employees are to notify the employer immediately if their driver's licence is suspended or cancelled. This may lead to termination of employment at the employer's discretion.
12. An employee who position involved driving must agree to undertake any driving assessment as required and must perform satisfactorily to maintain their employment.
13. An employee may be required to work reasonable overtime in accordance with the terms of their employment agreement.
14. No employee is to use their employment with this Company to make any personal gain at the expense or potential loss the employer and/or its clients.
15. Employees who sustain an injury or illness directly out of the course of their employment are to promptly advise their supervisor and ensure the report is entered into the Employer's "Incident Register". Failure to notify your employer of a work injury or illness which might entitle you to compensation under WorkCover within 30 days of becoming aware of the injury may jeopardise your entitlement to compensation.

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16. In compliance with legislative requirements, all prospective employees must present an appropriately completed Statutory Declaration disclosing their history or residence. This declaration must not preclude them from working in an aged care service.
17. Acknowledgement of Employee Staff Handbook must be signed prior to commencement of the first shift.
18. Police Certificates
  - a. The Employee agrees that appointment to the position can only be made if a police check certificate or statutory declaration meets the requirements for a suitable person to be working with elderly, vulnerable people.
  - b. The Employee agrees at her/his expense to provide the Employer a current (within the 3 years approved timeframe) police check certificate at the commencement of employment or a new certificate prior to the expiration of each three (3) year period thereafter, and as required. The Employee understands and accepts that if this obligation is not met, this contract will be terminated.

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## DECLARATION *[to be read and signed in the presence of the Interviewer]*

I declare that I have truthfully answered all questions. I have read and understood the CONDITIONS OF EMPLOYMENT and agree to be bound by those conditions. If required I am willing to undertake a pre-employment medical examination, audiometric test and chest x-ray at my expense. If my application for employment is successful, I agree to be bound to the Company's "CONDITIONS OF EMPLOYEMENT". I will accept the Employer's right to review my employment and at the employer's discretion terminate my employment.

***I consent to any reference checks which may be necessary to support this application.***

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## OFFICE USE ONLY: THE APPLICATION HAS BEEN CHECKED

1. All applicable components of the Application have been completed YES
2. **Valid** Police Certificate has been presented?  
Registration Number: \_\_\_\_\_ Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Statutory Declaration is required from all employees – original or certified copy only has been sighted and **copied for staff file** YES
4. Staff Handbook Acknowledgement form has been signed and returned YES

**DO NOT PROCEED WITH COMMENCEMENT DATES UNTIL CONTRACT OF EMPLOYMENT AND HANDBOOK ACKNOWLEDGEMENT HAS BEEN SIGNED BY APPLICANT AND RETURNED.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorised by:

Position: