



APPLICATION FOR EMPLOYMENT

This application form must be completed as accurately as possible. Please answer all questions. Each applicant must accept that no guarantee of employment is given by the completion of this form.

Position applied for: Nursing Support Services Administration

Name of Applicant: _____

Permanent Address: _____ P/C: _____

Telephone: _____ Other Contact: _____

Email Address: _____

Emergency Contact: _____

ID (Identification) at least one: Driver's Licence: Yes / No Number: _____ Valid to: ____ / ____ / ____

If your application for employment is successful, which shifts are you available to work? Please indicate:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
NIGHT							

We would appreciate flexibility as to the above choices as your choice may not be available.

Qualifications / Certificates: Current Senior First Aid. Certificate III / IV. Other

Nursing Registration Number: _____

Registration Valid to: ____ / ____ / ____ Registration Sighted: Yes No Copy on File: Yes No
(Copies to be supplied)

Do you have any disability or Medical Condition that would affect your ability to perform your expected duties?

Yes No If Yes, please give details: _____

Education: List courses / study undertaken since leaving school - beginning with most recent

Past Employment: List the names of past employers & type of work undertaken - most recent first

1. Referee: Contact Name: _____ **Phone:** _____

2. Referee: Contact Name: _____ **Phone:** _____



DECLARATION BY THE APPLICANT

I declare:

- That the answers to the forgoing questions are to the best of my knowledge true and correct.
- I accept that I will be required to provide Wongaburra with a current Australian Federal Police records check. I accept that the cost of this check is to be paid by me. This Police Check is to be renewed every three years. Failure to do so will result in me being removed from the roster on unpaid leave until current Police Check is provided.
- I also understand that I need to sign an Annual Statutory Declaration acknowledging that I have no disclosable incidents or history to report.
- That I understand any false declaration made by me in this application subjects me to dismissal.
- That I accept that I will participate in a performance appraisal within the qualifying period.
- I accept that there will be a qualifying period to be discussed at the commencement of employment and that notice given during this period will be as per the award.
- I give my consent for nominated referees to be contacted. I understand that no information will be disclosed to any parties unless indicated in writing by myself.
- I accept that while working at Wongaburra from time to time my photo will appear externally and internally in newsletters etc.
- I acknowledge that it is my responsibility to check my roster regularly. I acknowledge that it has been explained to me that failure to show for a shift will result in a "Failed Shift" and will result in a disciplinary process being implemented which may result in my termination.
- In keeping with both Wongaburra's Human Resource Policy and Privacy Policy your details (should you not be considered for employment) will be kept on file for a period of three months after which time all documentation containing your personal details will be destroyed.

Signature of Applicant: _____ Date: _____

Witness: _____ Position: _____