

1.6.1.3 KARINGAL SEYMOUR - EMPLOYMENT APPLICATION FORM

This application form MUST be completed when applying for positions with Karingal Seymour.

Position Title:					
Applicant Details					
Full Name:					
Address:					
Suburb:		State:		Postcode:	
Mobile Number:		Home Number:			
Email Address:					
Drivers Licence:		Number:		Expiry Date:	
Formal qualifications: (please list)					
Are you an Australian Citizen for Taxation purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you are not an Australian citizen, please provide the following information and a copy of VISA approval:					
Type of Visa:		Expiry Date:			
Visa Number:		Work Eligibility:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you been a permanent resident or citizen of a country other than Australia? YES <input type="checkbox"/> NO <input type="checkbox"/>					
NDIS Workers Check? YES <input type="checkbox"/> NO <input type="checkbox"/>		NDIS Number:		Expiry date:	
Are you currently employed?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Position Title:		Employer:			
Key Selection Criteria:					
Identify key points and outline how you meet the criteria. Give practical examples, e.g. work experience, voluntary / project work, training or qualifications. Where a specific qualification or certificate is required, please <u>attach copies</u> . Please also attach your CV and supporting documents.					
Key Selection Criteria 1: Work Experience					
Key Selection Criteria 2: Relevant Qualifications					
Key Selection Criteria 3: Training you have undertaken					
Key Selection Criteria 4: Specific interest within the aged care field					
<i>Please continue to answer all questions over the page.</i>					

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Referee Details	Referee 1:	Referee 2:
Name:		
Company:		
Contact details:		
Relationship to you (e.g. Supervisor, Manager)		

Applicant Declaration – ALL APPLICANTS MUST COMPLETE EVERY SECTION TO BE CONSIDERED FOR EMPLOYMENT.

PRE-EXISTING INJURY/DISEASE/ALLERGY DECLARATION:

Karingal Seymour is committed to protecting the health, safety and well-being of all employees. To achieve this, Karingal Seymour strives to ensure that employees are not required or permitted to undertake work for which they are not suited and to take appropriate measures to allow work to be done in a manner which will not put any person at risk to their health and safety.

The following declaration is made for the purposes of sections 82(7)-(9) of the Accident Compensation Act 1985.

I(name of applicant) declare that:

I acknowledge that I am required to disclose all pre-existing injuries, diseases or allergies that I am aware and one could reasonably be expected to foresee could affect the nature of the proposed employment AND **(circle the correct statement for you)**

a) I **do not have an injury**, disease or allergy that I am aware and that one could reasonably be expected to foresee could affect the nature of the proposed employment; OR

b) I **have suffered the following injury**, disease and/or allergy that may recur or deteriorate, accelerate or be exacerbated or aggravated by the duties described in the position description.
(list injuries, diseases and/or allergies)

.....
.....

Where you have a pre-existing injury, disease and/or allergy, consideration will be given to reasonable modifications to the environment or tasks.

Do you agree to undergo a medical fitness test? YES / NO

Furthermore, if appointed I agree: (tick boxes)

To abide by the By-Laws, Policies, and Procedures of Karingal Seymour.

To respect the absolute confidentiality of all residents, clients and personnel and I realise that breaches by myself could result in disciplinary action or dismissal action being taken.

I understand that I may be required to work in any area of Karingal Seymour as negotiated within my contract.

I acknowledge that any non-disclosure or false or misleading information on my part may result in section 82(8) of the Accident Compensation Act 1985 being applied. This would disentitle me or my dependants from receiving benefits relating to any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury, disease and/or allergy which I may have.

Signature of applicant:

Date: / /

Important Information: Karingal Seymour is collecting your personal information in order to ensure that all recruitment processes are dealt with on the basis of merit. The information will only be used by authorised officers and occasionally Recruitment Agencies acting on behalf of Karingal Seymour for the purpose of assessing your skills and experience against position requirements and ensuring our records are accurate. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.