



Employment Application
HR-FM-001

Application for Employment

If you need help completing this form, ask Administration staff for help

Position applied for: _____ Date: _____

Service: _____ Full time Part time Casual

Surname: _____ Given Names: _____

Address: _____

Email Address: _____

Telephone: _____ Mobile: _____

Date of birth: _____ Driver's Licence: Yes No If yes, driver's licence number: _____

Indigenous Non-Indigenous

Have you previously been employed by Yaandina Community Services? Yes No

If yes, in what service and position: _____ Date of employment: _____

EDUCATION [Please state your qualifications below]

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EMPLOYMENT HISTORY [Please show your last 3 positions held]

Employer's name & address	Start	Finish	Position held	Reason for leaving
1.				
2.				
3.				

REFERENCES [Give the name of 2 people who know the work you have done and who Yaandina can contact if necessary]

Name	Relationship	Address	Telephone
1.			
2.			

GENERAL

- 1. Do you have a current Apply First Aid Certificate? Yes No
- 2. Do you have any other employment? Yes No
- 3. Do you have a current Federal Police Clearance? Yes No
- 4. If no, would you be happy to let Yaandina get one for you? Yes No
- 5. Do you have a Working with Children Check? Yes No

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6. If no, would you be willing to get one for employment reasons? Yes No

7. Do you have any known disability or medical condition? Yes No

Section 79 of the Western Australian Workers' Compensation and Injury Management Act 1981 gives an arbitrator discretion to refuse to award compensation which would otherwise be payable where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for an injury, wilfully and falsely represented himself as not having previously suffered from the injury [A disability or injury may not be a barrier to employment. However, in order to make sure your and Yaandina's clients health and safety is protected it is important for us to know]

8. If yes, please give details: _____

9. Have you ever made a claim for Workers' Compensation? Yes No

A previous Workers' Compensation claim is not a barrier to the consideration of an application for employment. This information assists us to provide a duty of care, not to aggravate an existing injury.

10. If yes please give details:

Type of injury: _____ Date/s of Injury: _____

Is claim closed? Yes No Duration of Worker's Comp: _____

9. Do you hold a Visa that gives you the right to work in Australia? Yes No

10. If yes, will you allow Yaandina to run a Vero Check to authenticate your Visa. Yes No

11. Since turning 16 years of age have you been a citizen or permanent resident of a country/countries other than Australia. Yes No

10. If yes, would you be willing to sign a Statutory Declaration declaring that you have had no prior convictions outside of Australia for employment reasons? Yes No

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11. Resume attached Yes No

If you have indicated that your work preference is casual employment, please tick your availability

Morning shifts Yes No

Afternoon shifts Yes No

Night shifts Yes No

Public holidays Yes No

School holidays Yes No

After school hours Yes No

Mon – Fri Yes No

Saturday Yes No

Sunday Yes No

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