



EMPLOYMENT APPLICATION HR-FM-001

4. Education and Qualification

(if required, a copy of your qualification(s) must be submitted prior to the commencement of employment)

Highest level of education completed:		
Qualification/Degree	Institution	Graduation Date

5. Employment History

Employment History (start with your current or most recent employment OR attach current resume)				
Start Date	End Date	Company Name	Position	Reason for Leaving

6. Referees

Please provide details of two professional referees, one who has recently supervised you and who can provide information relevant to the type of role for which you have applied. By completing this section, you are giving permission for Yaandina Community Services to contact these referees to provide information relevant to your application.

Referee Name and Position Title	Name of Company	Working Relationship with You	Contact Details
			Ph: Mobile: Email:
Referee Name and Position Title	Name of Company	Working Relationship with You	Contact Details
			Ph: Mobile: Email:



EMPLOYMENT APPLICATION
HR-FM-001

7. Health

Important Notice: Please note that under Section 79 of the *Workers' Compensation and Rehabilitation Act*, willful and false representation regarding a previous disability may preclude the payment of future compensation.

Given the role for which you have applied, are there any physical or psychological concerns that could stop you from doing the job safely? Yes No

If YES, please tick (✓) in the box beside any condition(s) below:

<input type="checkbox"/> Alcohol or Drug Problems	<input type="checkbox"/> Arthritis or Rheumatism	<input type="checkbox"/> Psychological Disorders
<input type="checkbox"/> Bleeding or Blood Disorders	<input type="checkbox"/> Carpal Tunnel Syndrome	<input type="checkbox"/> Depression or Anxiety
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Joint Problems / Fractures	<input type="checkbox"/> Immune Suppression
<input type="checkbox"/> Allergies	<input type="checkbox"/> Repetitive Strain / Overuse Injury	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Skin Disorders / Dermatitis	<input type="checkbox"/> Persistent Headaches / Migraines	<input type="checkbox"/> Transmissible Disease (ie. Hep B)

Please provide details if you have ticked any of the above:

Please tick (✓) in the box beside each activity with which you have difficulty.

<input type="checkbox"/> Walking 100 metres	<input type="checkbox"/> Standing for two hours	<input type="checkbox"/> Gripping firmly with both hands
<input type="checkbox"/> Hearing a normal conversation	<input type="checkbox"/> Crouching	<input type="checkbox"/> Climbing a ladder
<input type="checkbox"/> Lifting or bending	<input type="checkbox"/> Using hand tools	<input type="checkbox"/> Walking on rough/uneven ground
<input type="checkbox"/> Repetitive movement of the hands or arms	<input type="checkbox"/> Kneeling	<input type="checkbox"/> Sitting for two hours

Please provide details if you have ticked any of the above:

Do you wear glasses or contact lenses? Yes No

If YES, please give details (ie: reading, long distance, etc.)

Based on the specific requirements of the role and your responses to **Section 7. Health** above, Yaandina may request the completion of a Functional Capacity Evaluation.



EMPLOYMENT APPLICATION HR-FM-001

8. Worker's Compensation Claims

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.

Have you ever made a claim for Workers' Compensation? If YES, please give details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of Injury:		
Is the claim closed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duration of Claim:	

9. Police Clearance Certificate

Employment is subject to a satisfactory National Police Clearance Certificate issued no more than three (3) months ago. A Criminal record does not necessarily disqualify an applicant. We only consider information related to the job for which you are applying. If rejection of your application is considered solely because of a criminal record, you will be given the opportunity to discuss the matter fully and confidentially with a senior member of staff before a decision is made.

A copy of your **National Police Clearance** must be submitted during the recruitment process.

Do you have any convictions for any offences from any court or are you currently the subject of any charge pending before any court? If yes, please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prepared to produce a National Police Clearance Certificate prior to the conclusion of the recruitment process? If no, please provide your reasons:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Working with Children Check

Applicants applying for roles which involve working with children and youth are required to provide a current Working with Children Check.

A copy of your **Working with Children Check** must be submitted during the recruitment process.

I have attached a current Working with Children Check. I agree to maintain a current Working with Children Check whilst employed with Yaandina Community Services.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable for my role
Are you prepared to produce a Working with Children Check prior to the conclusion of the recruitment process?	<input type="checkbox"/> Yes <input type="checkbox"/> No



EMPLOYMENT APPLICATION HR-FM-001

11. National Disability Insurance Scheme (NDIS) Screening Check

Where the inherent requirements of a position necessitate it, a NDIS Screening Check will be sought by Yaandina prior to offering the candidate an appointment to a position.

A copy of your **National Disability Insurance Scheme (NDIS) Screening Check** must be submitted during the recruitment process.

I have attached a current NDIS Screening Check. I agree to maintain a current NDIS Screening Check whilst employed with Yaandina Community Services.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable for my role
Are you prepared to produce a NDIS Screening Check prior to the conclusion of the recruitment process?	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Vaccinations

Under Public Health orders, employment with Yaandina Community Services will be subject to the supply of evidence related to mandatory vaccination requirements.

A copy of your **Vaccination Record** must be submitted during the recruitment process.

Have you had an Influenza Vaccination	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide your vaccination date: _____	
Have you had the COVID-19 Vaccinations	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide your vaccination dates:	
First dose: _____	
Second dose: _____	
Third dose: _____	

13. Declaration

I declare that the statements I have made and the information I have provided are true to the best of my knowledge and belief. I have not withheld any relevant information required by this application, nor have I made any false or misleading representation. I acknowledge that if I have knowingly or willfully given false or misleading information or have withheld any information, it could result in:

1. the rejection of my application;
2. legal proceedings against me; or
3. my dismissal after appointment.

I understand that employment with Yaandina Community Services is conditional upon production of proof of identity, proof of residency status, a current satisfactory National Police Clearance and any other role specific requirements.

Signature: _____

Date: _____

Thank you for taking the time to complete this application.