



## EMPLOYMENT APPLICATION

### HR-FM-001

#### 1. Position Details

Position Title:	
Service Area:	
Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer	Jobs that I would like to be considered for: <input type="checkbox"/> Support Worker: Aged Care <input type="checkbox"/> Support Worker: Community Care <input type="checkbox"/> Support Worker: Family Support <input type="checkbox"/> Maintenance <input type="checkbox"/> Support Worker: AOD <input type="checkbox"/> Support Worker: Youth <input type="checkbox"/> Administration <input type="checkbox"/> Domestic/Cleaning

#### 2. Personal Details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss			Date of Birth (Optional):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
Surname:		Given Name(s):	
Residential Address:			
Postal Address:			
Mobile Phone:	Home Phone:	Work Phone:	
Email Address:			
Current Driver's Licence(s) Held:		Expiry: (DD/MM/YY)	

#### 3. Personal Demographics

What is your country of birth?	
Is English your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No First Language: _____
Do you identify as a First Nations person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an Australian Citizen?	<input type="checkbox"/> Yes (go to section 4) <input type="checkbox"/> No
If "NO" where do you hold Citizenship?	
If "NO" do you have permanent Australian Residency status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details of your Visa (Note: you will be asked to provide a copy of your Visa)	Visa Category: _____ Expiry Date: _____ Visa Number: _____
Does your Visa place any work restrictions on you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Details/Restriction: _____

If applicable, a copy of your valid, current Visa must be submitted to the HR Department prior to the commencement of employment.



## 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 at least 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:
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 for, and having read the Position Description, are there any physical or psychological concerns that could stop you from doing the job safely?
If YES, please explain:
Are you taking regular prescription medication?
If YES, please explain:
Do you wear glasses or contact lenses?
If YES, please explain:
Are you colour blind?

Please tick (✓) in the box beside any condition(s) that you have now or have had at any time in your life:
Alcohol or Drug Problems, Arthritis or Rheumatism, Psychological Disorders, Bleeding or Blood Disorders, Carpal Tunnel Syndrome, Depression or Anxiety, High Blood Pressure, Joint Problems / Fractures, Immune Suppression, Allergies, Repetitive Strain / Overuse Injury, Epilepsy, Skin Disorders / Dermatitis, Persistent Headaches / Migraines, Transmissible Disease (ie. Hep B), Hearing Loss, Visual Impairment, Hernia, Diabetes, Tuberculosis

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

Three horizontal lines for providing details of health conditions.

Please tick (✓) in the box beside each activity with which you have difficulty:
Walking 100 metres, Standing for two hours, Gripping firmly with both hands, Hearing a normal conversation, Crouching, Climbing a ladder, Lifting or bending, Using hand tools, Walking on rough/uneven ground, Repetitive movement of the hands or arms, Kneeling, Sitting for two hours



**EMPLOYMENT APPLICATION**  
**HR-FM-001**

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

---

---

---

---

Have you had an industrial accident or disease? If YES, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Have you had any exposure to the following in your past jobs?

Loud noises/explosives? If YES, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Traumatic work event If YES, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other illness/condition not list above or on the previous page If YES, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.

**8. Police Clearance Certificate**

Employment with Yaandina is subject to a satisfactory National Police Clearance issued no more than three (3) months prior to your application. A criminal record does not necessarily disqualify you from working with Yaandina. 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



## EMPLOYMENT APPLICATION HR-FM-001

### 9. 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

### 10. 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

### 11. 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.**