



### Expression of Interest Employment Application Form

Position Applied For:
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Surname:
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Given Name/s:
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**Preferred Name if different to Given Name**

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Phone:	Email:
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**Residential Address**

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Suburb:	Post Code:
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**Licence**

Do you hold a full unrestricted drivers licence?      Yes       No

Class: \_\_\_\_\_      Manual       Auto

**Educational Qualifications and dates of completion**

Please document qualifications relevant to the role you are applying for or any other related skills

Qualification 1:	Completion Date:
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Qualification 2:	Completion Date:
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Qualification 3:	Completion Date:
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**Previous Employment**

Employer 1:	Position Held:
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Employer 2:	Position Held:
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**Proof of working rights**

1. Are you an Australian Citizen?      Yes       No
2. Have you been a citizen of another country other than Australia since turning 16? Yes  No

If you answered yes to number 2, you are required to complete a statutory declaration form.



### References

Your references must be previous or current immediate supervisors who have witnessed you perform in the role you are applying for. The references will be contacted as part of the recruitment process.

Reference 1 \_\_\_\_\_ Position: \_\_\_\_\_

Contact number: \_\_\_\_\_

Reference 2 \_\_\_\_\_ Position: \_\_\_\_\_

Contact number: \_\_\_\_\_

### Health

Please provide details of any previous or current medical condition or restriction, physical or otherwise, which may affect your ability to perform essential requirements of the job.

This must include any medical condition or restriction arising from a previous workers compensation claim. Failure to provide such information may jeopardise your rights to workers compensation if a pre-existing disability is aggravated at work (Section 79 of the *Workers Compensation and Injury Management Act 1981*)

Have you previously made a Workers Compensation Claim? Yes  No

If you answered yes, have you been fully cleared for pre-injury duties? Yes  No

Are you prepared to provide evidence of the final clearance if required? Yes  No

*Disclosure of a medical condition or restriction does not necessarily exclude an applicant from employment.*

### Next of Kin

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Volunteer Home Support will contact your next of kin only in emergency situations.

### Declaration by Applicant:

1. I understand that any misrepresentation of facts in this application could be cause for termination if employed.
2. I consent to any reference checks which may be necessary to support this application.

I, \_\_\_\_\_ hereby declare that the information contained in this application is to the best of my knowledge true and correct.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Privacy

Your application form contains personal information, which will be dealt with in accordance with our Privacy Policy. If you are successful in your application your form will become an employment record. If you are unsuccessful, your application form will be destroyed/ kept for 6 months before being destroyed.