



APPLICATION for EMPLOYMENT

Position applied for: _____

How did you find out about the position?

Newspaper (please state which one) _____ Word of mouth
 Internet (please state which website) _____ Other _____

Section A: PERSONAL DETAILS

Are you an Australian Citizen or Permanent Resident of Australia? Yes No

Australian Citizen
 Permanent Resident
 Application in Progress

If **NO**, what is your current Visa status/sub class?

Proof of Work Eligibility in Australia e.g. passport, birth certificate, citizenship certificate (with applicable ID photo) will need to be provided

Passport Number _____

Title Miss/Ms/Mrs/Mr _____
SURNAME FIRST NAMES

Preferred Name: _____

Former Names (if applicable): _____

Current Residential Address: _____

Postal Address (if different): _____

Email Address: _____

Date of Birth: _____ Country of Birth: _____

Home Telephone: _____ Mobile Telephone _____

Police Check: Successful applicants are required to provide a police record check for pre-employment safety screening purposes at their own expense.

Do you have a police check dated within the last 6 months? Yes No (if yes, please provide copy)

Have you been convicted of an offence of any nature? Yes No

If YES, please state below the details of each offence including dates:

Date _____

Date _____

AHPRA Registration Number (if applicable): _____

Completed O'Shea No Lift Training Yes No (if yes, please provide copy)

Are you currently on either of the following with your current employer?

Leave Without Pay Yes No

Long Service Leave Yes No

Section B: QUALIFICATIONS - please provide copies

Name of Institution _____ Name of Qualification _____

Year of Completion _____ Level of Qualification _____

<input type="checkbox"/> Certificate	<input type="checkbox"/> Diploma	<input type="checkbox"/> Adv. Diploma	<input type="checkbox"/> Associate Degree
<input type="checkbox"/> Bachelor	<input type="checkbox"/> Bachelor Honours	<input type="checkbox"/> Graduate Certificate	<input type="checkbox"/> Graduate Diploma
<input type="checkbox"/> Masters	<input type="checkbox"/> Doctoral		

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<input type="checkbox"/> Masters	<input type="checkbox"/> Doctoral		

Section C: PREVIOUS EMPLOYMENT

			Yrs/Mths
Previous Employer (1)	Position	Duration	_____
_____	_____	_____	_____
Previous Employer (2)	Position	Duration	_____
_____	_____	_____	_____
Previous Employer (3)	Position	Duration	_____
_____	_____	_____	_____
Previous Employer (4)	Position	Duration	_____
_____	_____	_____	_____
Previous Employer	Position	Duration	_____
_____	_____	_____	_____

Employer (5) _____

Have you been employed by NDHS before? Yes No

If YES, your name when employed at NDHS _____

Section D: PRE-EXISTING INJURY/DISEASE DECLARATION

Numurkah District Health Service is committed to protecting the health, safety and wellbeing of all employees. To achieve this, the health service 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, illnesses or diseases that I am aware and one could reasonably be expected to foresee could affect the nature of the proposed employment.

AND (strike out whichever is not applicable)

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

OR

b) I have suffered the following injuries, illness/s and/or disease that may recur or deteriorate, accelerate or be exacerbated or aggravated by the duties described in the position description.

(list injuries and/or diseases)

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

Do you agree to the following?

To undergo a Medical fitness test Yes No
NDHS requesting confidential report from nominated previous employers Yes No
NDHS requesting confidential report from nominated current employer Yes No

Comments:

You will be asked for details of nominated persons if reports are required.

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 or disease which I may have.

I certify that to the best of my knowledge the information I have disclosed in this document is correct and that I have not knowingly provided any false or misleading information. I acknowledge that if false or misleading information is found to have been supplied with my knowledge, it will result in this application being invalidated and my employment in this position may be terminated

Signature: Dated:/...../.....