

APPLICATION FOR EMPLOYMENT

Please Note: We will not contact you unless we have a suitable position available. Applications will be held on file for 3 months.

PLEASE COMPLETE YOUR APPLICATION FORM IN FULL, REGARDLESS OF WHETHER YOU ATTACH A RESUME!

Position Applied For: _____ 2nd choice: _____

Type of Position: Full-Time Part-Time Casual

Date of Application: _____

PERSONAL INFORMATION

Preferred Title: Mr /Mrs/Ms/Miss (please circle preference)

Given Names: _____ Family Name: _____

Known As: _____ Date of Birth: _____
(Voluntary)

Address: _____

Street Suburb Postcode

Home Phone No. _____ Mobile No. _____

E-mail: _____

Are you legally entitled to work in Australia? Yes No

If NOT an Australian Citizen, do you have Residency Status? Yes No

Specify Type: Resident Permanent Student Temporary

Visa Number: _____ Expiry Date: _____

Are you willing to work the following?

Nights Rotating Shifts Weekends

EMPLOYMENT HISTORY - *List your most recent job first.*

Employer's Name and Address: _____
Position Held: _____
Dates of Employment: _____ (From) _____ (To)
Duties and Responsibilities: _____

Name and Position of Immediate Supervisor: _____
Reason for Leaving: _____
Name of Referee: _____
Referee Contact Details: (Phone) _____
(E-mail) _____

Employer's Name and Address: _____
Position Held: _____
Dates of Employment: _____ (From) _____ (To)
Duties and Responsibilities: _____

Name and Position of Immediate Supervisor: _____
Reason for Leaving: _____
Name of Referee: _____
Referee Contact Details: (Phone) _____
(E-mail) _____

Employer's Name and Address: _____
Position Held: _____
Dates of Employment: _____ (From) _____ (To)
Duties and Responsibilities: _____

Name and Position of Immediate Supervisor: _____
Reason for Leaving: _____
Name of Referee: _____
Referee Contact Details: (Phone) _____
(E-mail) _____

EDUCATION/TRADE QUALIFICATIONS

Name of Institution	Duration of Studies		Degree/Certificate
	From	To	Obtained

GENERAL

Do you hold a **Blue Card**? Yes No

If **yes**, please provide Registration Number: _____ Expiry Date: _____

Do you hold a current manual driver's licence? Yes No

Licence No: _____

What languages do you speak? _____

Other skills? _____

Have you ever been terminated from work for misconduct or unsatisfactory performance?

Yes No

If **yes**, please give details: _____

HEALTH ASSESSMENT

Do you currently suffer from, or have you ever suffered from any disability, illness or medical condition, which would affect your ability to perform the job you are applying for?

Yes No

If yes, explain what functions you cannot perform and what accommodations could be made which would allow you to do the work adequately. (If additional space is required, attach separate letter.)

Comments: _____

ARE ANY OF YOUR FAMILY OR FRIENDS CURRENTLY EMPLOYED WITH ANGLICARE NORTH QUEENSLAND?

Yes No

If yes, please list name/s? _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name: _____ Relationship: _____
Address: _____ Phone: _____

Are you willing to undertake an Australian Criminal History check? Yes No

DECLARATION:

I authorise Anglicare North Queensland to secure any information regarding myself and hereby release any person, company or institution of all liability for any damage whatsoever issuing from such information. I further declare that the statements made by me in this application are true, complete and correct. I understand that a false statement, serious omission or dishonest answer to any question may be grounds for my immediate discharge from employment with Anglicare North Queensland.

SIGNATURE OF APPLICANT _____ **DATE** ____/____/____

ANGLICARE NORTH QUEENSLAND IS AN EQUAL OPPORTUNITY EMPLOYER.

