

## EMPLOYMENT APPLICATION

If you have difficulty completing this form please ask for help.

POSITION APPLIED FOR

### PERSONAL INFORMATION

Surname		Given Names	
Address			
<i>Street</i>		<i>Suburb</i>	<i>Postcode</i>
Date of Birth	Home Phone	Mobile Phone	
____ / ____ / ____ (day) (month) (year)			

### EDUCATION AND TRAINING

WHAT COURSES HAVE YOU COMPLETED THAT MIGHT APPLY TO THIS POSITION?

Course Name	Institution (Name of University, TAFE etc)	Year

### WORK PERMITS AND REGISTRATIONS

ARE YOU AN AUSTRALIAN CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU ARE NOT AN AUSTRALIAN CITIZEN, DO YOU HAVE A CURRENT WORK VISA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>RNs, EENs AND ENs ONLY</b> – Do you hold a current, unrestricted, registration from the Nurses and Midwives Board?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>RNs, EENs AND ENs ONLY</b> - provide details of any restrictions on your registration	

**PREVIOUS EMPLOYMENT WITH FRANK WHIDDON MASONIC HOMES**

<b>HAVE YOU BEEN EMPLOYED BY FRANK WHIDDON MASONIC HOMES BEFORE?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
Date Employed From _____ to _____	Site/Complex	
<b>REASON FOR LEAVING</b>		

**PREVIOUS EMPLOYMENT**

<b>WHY ARE YOU LEAVING YOUR CURRENT POSITION?</b>		
<b>PLEASE LIST YOUR LAST 4 EMPLOYERS (LIST YOUR CURRENT POSITION FIRST)</b>		
Organisation/Name of Company	Position Title	Dates employed (month/year)
		from /
		to /
		from /
		to /
		from /
		to /
		from /
		to /

**REFERENCES**

<b>PLEASE LIST 3 REFEREES</b>		
<b>NOTE:</b> The references you give should be managers or supervisors that you have worked with. Please do not list friends, other co-workers, or family members. If you cannot give work references, please advise the manager or site clerk .		
<b>Do we need to notify you before your referees are contacted?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Position Title and Organisation	Telephone

**MEDICAL INFORMATION/ WORK RESTRICTIONS**

<p><b>DO YOU HAVE ANY CURRENT ILLNESS, INJURY OR MEDICAL CONDITION THAT WOULD PREVENT YOU FROM CARRYING OUT ALL THE DUTIES OF THE POSITION YOU HAVE APPLIED FOR?</b> (If you are not sure of the duties please ask for a Job Description or sample Duty Statement).</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><b>Please detail any current medical restrictions</b></p>	

**CRIMINAL HISTORY**

<p><b>It is a requirement of the <i>Aged Care Act 1997</i> that all persons employed in the aged care industry complete a criminal record check. If you are successful in obtaining an interview you will be required to bring an <u>original</u> police certificate with you to the interview. This certificate is obtained at your expense.</b></p> <p>The following convictions will prevent you from being employed with FWMH:</p> <ul style="list-style-type: none"> <li>• A conviction for murder or sexual assault; or</li> <li>• A conviction for other forms of assault where you served a jail term.</li> </ul> <p>Other convictions may exclude you from employment in line with our <i>Criminal Record Check Guidelines</i>. These convictions will depend on the type of conviction, and the position you have applied for. A full copy of this policy is available on request. Other than the convictions outlined above, a criminal record will not automatically prevent you from being employed with FWMH.</p>	
<p><b>HAVE YOU EVER BEEN CONVICTED OF MURDER OR SEXUAL ASSAULT?</b></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><b>HAVE YOU EVER BEEN CONVICTED OF PHYSICAL ASSAULT WHERE YOU WERE SENTENCED TO SERVE A JAIL TERM?</b></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><b>HAVE YOU BEEN CONVICTED OF ANY OTHER CRIMINAL OFFENCES IN THE LAST 10 YEARS?</b></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

**I declare that the information supplied on this form is true and correct to the best of my knowledge.**

**I understand that if I have supplied false or misleading information, it may result in an offer of employment being withdrawn, or the termination of my employment without notice.**

<p>Applicant's signature _____</p>	<p>Date _____</p>
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**Office Use Only**

Will the applicant be interviewed?

YES  NO

<b>Date of interview:</b>	
<b>Time of interview:</b>	
<b>Date applicant contacted:</b>	
<b>Applicant contacted by:</b>	
<b>Checklist:</b>	<ul style="list-style-type: none"> <li>• Date/time interview</li> <li>• Street address and location of interview</li> <li>• Bring <u>originals</u> of:             <ul style="list-style-type: none"> <li>○ Visas (applicants who are not Australian citizens or permanent residents)</li> <li>○ Registrations (RNs, EENs, ENs)</li> <li>○ Criminal record check</li> <li>○ Drivers licence (if required to drive company vehicles)</li> </ul> </li> </ul>

**SUCCESSFUL APPLICANTS - CHECKLIST**

	YES	NO	N/A
Original National Police Certificate sighted			
Copy of National Police Certificate emailed to Pay Office			
Original work visa sighted and copy taken			
Original nursing registration sighted and copy taken			
Copy of current drivers licence taken (if applicant will be required to drive company vehicles)			
Reference Check sheet attached for Referee One			
Reference Check sheet attached for Referee Two			
Reference Check sheet attached for Referee Three			