

APPLICATION FOR EMPLOYMENT

Position Sought:			
Available Days & Times:			
Personal Details:			
Surname:	Christian Names:		
Address:	Phone: Email:		
Date of Birth:			
Education/Qualifications (Certified copies of highest qualifications should be attached)			
	Institution	Standard Attained	Year
Tertiary:			
Certificates/Diplomas			
Driving License <input type="checkbox"/> Yes <input type="checkbox"/> No	State	Group (i.e. A B C) Expiry Date:	
Employment History			
	Employer	Position Held/ brief description	From/To
			Reason for Leaving
Brief list of experience:			

Enriching later life

REFERENCES	
Specify details of persons prepared to give verbal reference:	
1. Name	Phone No. or Address
2. Name	Phone No. or Address
Do you hold a current senior first aid/applying first aid certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a current police clearance certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you own or have access to a car with full comprehensive insurance including for work purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HEALTH	
Do you currently or have you had any previous Back Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you suffer from any ailment or disability or are you required to take regular medication which may:	
-affect work performance	<input type="checkbox"/> Yes <input type="checkbox"/> No
-affect your attendance at work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever submitted a Workers Compensation Claim or any Disability Claim <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please specify:	
Are you aware/do you have any knowledge of any pre-existing medical condition or injury which might act as an impediment to your performance in this position sought either now or later in your employment?	
PLEASE BE AWARE OF SECTION 79 WORKERS COMPENSATION BOARD AND ASSISTANCE ACT 1981.	
79. Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for a disability, willfully and falsely represented himself/herself as not having previously suffered from the disability, the Board may in its discretion refuse to award compensation which otherwise would be payable.	
I acknowledge completely that the deliberate giving of false information, with respect to any of the above areas, shall lead to dismissal.	
Do you agree to a pre medical appointment by a GP, if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
APPLICANTS SIGNATURE:	
DATE:	
<p>PLEASE return to:</p> <p>e-mail: admin@jccagedcare.org.au</p> <p>Fax: 07 3870 8687</p> <p>Post: Jubilee Community Care, PO Box 1052, Indooroopilly Qld 4068</p>	