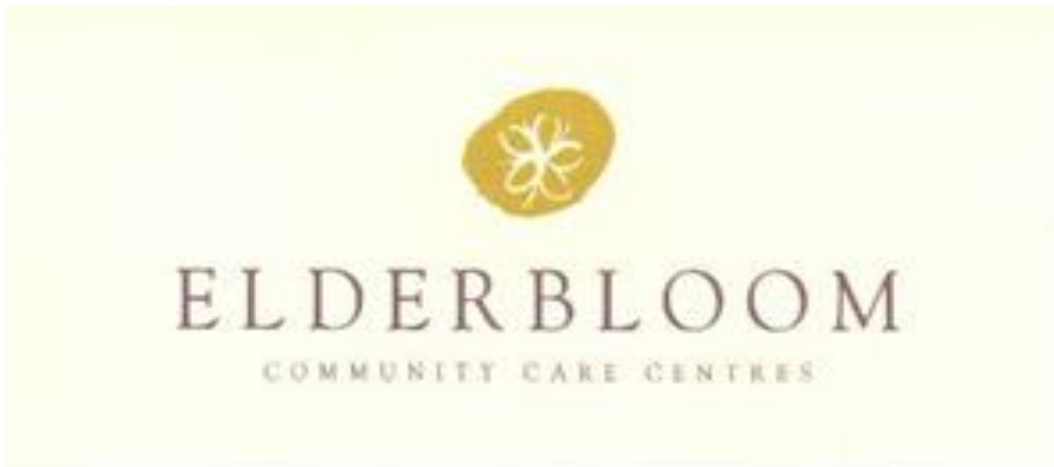




ELDERBLOOM
COMMUNITY CARE CENTRES

APPLICATION FOR EMPLOYMENT





APPLICATION FOR EMPLOYMENT

Thank you for your interest in a position with Elderbloom Community Care Centres

Please complete all sections of this form, printing clearly in blue or black ink.

1. Personal Details

Mr Mrs Ms Miss Dr Other _____

Given Name (s): _____ Surname: _____ Preferred Name: _____

Address: _____

Email: _____ Mobile: _____ Landline: _____

2. Position Details

Position Applying For:

Facility/Location:

- Any
- Wanneroo Community Nursing Home
- Jacaranda
- Barridale
- Administration

Status: Any Full time Part time Casual Temporary

Days available: Any Mon Tues Wed Thurs
 Fri Sat Sun

Times available: Any Morning Evening Night



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3. Residency

1. Country of Birth

2. English as first language

Yes

No

3a. Are you an Australian Citizen?

Yes

No

3b. If no, where do you hold citizenship:

3c. Do you hold permanent Australian residency status?

Yes (*go to Section 4*)

No (*please complete Questions 3d and 3e*)

3d. Please provide your Visa details (you will also be asked to provide a copy)

Holiday

Student

Temporary Skill Shortage (TSS)

Other (*Specify type*) _____ Visa Expiry Date ____/____/____

3e. Does your Visa place any work restrictions on you?

Yes (*Provide Details*) _____

No

4. Employment History

1. What is your current employment status?

Employed

Self Employed

Unemployed

2. Have you previously worked for Elderbloom?

Yes (*If yes please provide details on location , position and dates*) No

3. Have you previously applied for work with Elderbloom?

Yes

No

4. Have you any family members living or working at Elderbloom?

Yes (*If yes please provide details*)

No



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5. Please provide your employment history in the table below, starting with your current or most recent position

Start Date	End Date	Company Name	Position	Reason for Leaving

5. Education and Qualifications

1. Have you completed Year 10 or equivalent education?

Yes No (*if no, what level did you achieve?* _____)

2 Please provide details on any other qualifications:

Qualification	Institution	Date of achievement

3 Other qualifications being pursued:

Qualification	Institution	Proposed date for Completion

4 Registration Details – for occupations requiring formal registration for employment:

Type of Registration (e.g. Nursing)	Expiry Date



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6. Referees

Please provide details of two referees. Your nominated referees should be your supervisor in your current or most recent working environments and where possible, provide information relevant to the type of role for which you have applied.

By completing this section, you are giving permission for Elderbloom to contact your nominated referees to provide information relevant to your application.

1. Referee Name	Position	Organisation	Working relationship to you
Telephone Contact		Email:	

2. Referee Name	Position	Organisation	Working relationship to you
Telephone Contact		Email:	

7. National Criminal (Police Clearance) History Check

Employment in aged care requires a National Criminal History Check (Police Clearance) to be obtained as required under the Aged Care Act 1997.

If offered employment with Elderbloom this will be subject to you completing the required documentation to enable Elderbloom to process an electronic Police Clearance.

A criminal record does not necessarily disqualify an applicant. If rejection of your application is considered solely because of a criminal record, you will be given the opportunity to discuss the matter fully and confidentially with a senior member of staff before a decision is made.

1. Do you have any convictions for any offences from any court?

- Yes (*if yes, please provide details*) No

2. Do you have any charges pending before any court?

- Yes (*if yes, please provide details*) No

3. Are you prepared to complete the required National Criminal History Check prior to accepting and commencing employment with Elderbloom

- Yes No



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8. Evidence of Work Rights Status

Please complete Section A or B

A. Australian Citizen (Including New Zealand)

Please provide the original of one of the following documents to be copied and sighted:

- Passport
- Birth Certificate - plus photo ID e.g. Driver's licence
- Citizenship Certificate - plus photo ID e.g. Driver's licence

B. Non-Australian Citizens (excluding New Zealand)

Please complete the following: *(As specified in passport or other identity document)*

Family Name:	Given Name(s):	Other name(s) e.g. Maiden Name
Date of Birth:	Nationality:	Passport Number:
/ /		
Visa Number:	Visa Expiry Date:	
	/ /	

I authorise the department to release the details of my work rights status (that is, my entitlement to work legally in Australia) to Elderbloom Community Care Centres.

I understand that these details are held on departmental files and computer systems. I further understand Elderbloom Community Care Centres will use this information for the purpose of establishing my legal entitlement to work in Australia, and for no other purpose. I also understand that I allow release of my work rights for the duration of my employment with Elderbloom Community Care Centres.

I declare that the information I have provided is true and correct to the best of my knowledge and belief.

Employee Signature:	Date:
	/ /

Employer Details:

Business Name:	Business Street Address:
Shire of Wanneroo Aged Persons Home Trust (Inc)	55 Belgrade Road Wanneroo WA 6065
Australian Business Number:	85 599875 887



APPLICATION FOR EMPLOYMENT

9. Declaration

I declare that the statements I have made and the information I have given are true to the best of my knowledge and belief.

I have not withheld any relevant information required by this application, or made any false or misleading representations.

I acknowledge that if I have knowingly or wilfully given false or misleading information or have withheld any information, it could result in:

1. Rejection of my application;
2. Legal proceedings against me; or
3. Dismissal after appointment.

I understand that appointment to Elderbloom is conditional upon production of proof of identity, proof of residency status and a current satisfactory national police clearance.

Employee Signature:	Date:
	/ /

Thank you for taking the time to complete this application
Please continue with the completion of the
Pre-Employment Health and Worker's Compensation Questionnaire



APPLICATION FOR EMPLOYMENT

Pre-Employment Health Questionnaire

The general questions cover the physical demands involved in the full range of positions offered by Elderbloom Community Care Centres.

The assessment serves as part of the comprehensive risk and recruitment strategies used by Elderbloom Community Care Centres to reduce risk to employees, co-workers and consumers.

By no means is it a stand-alone measure used to determine suitability for position(s) being applied for.

1. Are you being treated by any doctor for any illness or injury (work related or otherwise) or have required time off work recently?

Yes (*if yes, please explain*)

No

2. Have you had any surgery or been hospitalised for any illness or injury within the last five years?

Yes (*if yes, please explain*)

No

3. Are you taking any medications for a medical condition?

Yes (*if yes, please explain*)

No

4. Do you have a current Worker's Compensation claim?

Yes (*if yes, please explain*)

No

5. Have you had a Worker's Compensation claim in the past or a work related injury or illness?

Yes (*if yes, please explain including dates*)

No

6. Do you have, or have you ever had, back, neck or shoulder problems?

Yes (*if yes, please explain*)

No

7. Have you ever had an injury resulting from a motor vehicle accident?

Yes (*if yes, please explain*)

No



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8. Please tick any conditions that you have currently, or have had at any time during your life.

- Alcohol/drug problems Allergies Arthritis/ Rheumatism Bleeding/ Blood Disorder
- Carpal Tunnel Syndrome Depression/Anxiety Diabetes Epilepsy
- Hernia High Blood Pressure Immune Suppression Joint problems/fractures
- Loss of hearing Psychological Disorders Headaches/Migraines Tuberculosis
- Visual Impairments Skin Disorders/Dermatitis Transmissible disease (e.g. Hepatitis B) Repetitive Strain Injury/ Overuse injury

Any other illness or condition not listed: _____

Please comment on any that you have ticked _____

9. Immunisation status – Please indicate if you have had either a vaccination or infection:

Have you had:	YES	NO	Date of Vaccination	Date of Infection
TB tests; (Mantoux or QuantiFERON)				
Hepatitis B immunisation				
Chickenpox or Shingles infection				
Chickenpox immunisation				
MMR immunisation				
Whooping Cough (Pertussis) immunisation (DTP)				
Influenza Vaccination				
Pnuemococcal Vaccination				

10. Please tick any boxes for an activity with which you have difficulty:

- Walking 50 metres Standing for 4 hours Gripping firmly with both hands
- Hearing a normal conversation Crouching Climbing a ladder
- Lifting up to 15 kg Bending Using hand tools
- Walking on rough ground Repetitive movement of hands or arms
- Kneeling Sitting for two hours

Please comment on any that you have ticked _____



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Declaration for Medical and Worker’s Compensation Questionnaire:

I declare that the answers to all questions are correct and that I have not withheld any information regarding my past or present health.

I accept that if I am employed and it is subsequently found that I have wilfully misstated any significant information herein, I will be liable to dismissal. I give my permission to Elderbloom Community Care Centres or a medical practitioner nominated by Elderbloom to seek and obtain any other relevant information from any available source which may be required to assess my past and present health status.

Worker’s Compensation Claims

A previous Worker’s Compensation Claim is not a barrier to the consideration of an application for employment with Elderbloom. This information assists us in assessing opportunities for placement in the appropriate employment.

Have you ever made a claim for Worker’s Compensation?

Yes (*if yes, please provide details*)

No

Important Notice:

Please note that under Section 79 of the Worker’s Compensation and Rehabilitation Act, wilful and false representation regarding a previous disability may preclude the payment of future compensation.

Employee Signature:	Print Name:	Date:
		/ /

Please Note:

If your application does not result in an offer of employment within 6 months of submission we will confidentially dispose of your application and any associated paperwork.