

Employment Application Summary

(Please attach your resume)

Westmont Aged Care Services Ltd
265 Baranduda Blvd, Baranduda, Vic 3691
Phone: 02 6043 9999

Applicant Information

Full Name: _____ Date: _____
First Name Middle Initial Surname

Address: _____
State Postcode

Phone: () _____ Mobile: _____ E-mail Address: _____

Position Applied for: _____

Are you a citizen of Australia? YES NO If no, are you authorized to work in Australia.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Have you ever been a citizen of another country other than Australia since turning 16 years of age? _____

Availability to Work

Please indicate the times that you **would** normally be available to work.

Mornings – 6.45 am starts Evenings – 11.30pm finishes Nights – 11.30pm to 7am Weekends

Please state if there are any specific days that you are unable to work. _____

Education

High School: Year Level completed? 12 11 10 9 Year Finished

Tertiary Institute Degree/Certificate _____ Year Course Completed

Previous Employment

Company & Address _____ Phone: () _____

Job Title & Responsibilities _____

From: _____ To: _____ Reason for Leaving: _____

Company & Address _____ Phone: () _____

Job Title & Responsibilities _____

From: _____ To: _____ Reason for Leaving: _____

Company & Address _____ Phone: () _____

Have you at any time received disciplinary action from past or present employers? YES NO

References

Full Name: _____ Relationship: _____
 Company & Address _____ Phone: () _____

Full Name: _____ Relationship: _____
 Company Address _____ Phone: () _____

Full Name: _____ Relationship: _____
 Company & Address _____ Phone: () _____

Pre-Existing Injury/Disease Declaration

Westmont Aged Care Services Ltd (Westmont) is committed to protecting the health, safety and well-being of all employees. To achieve this, Westmont 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 & safety.

The following declaration is made for the purposes of section 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/diseases which I believe may be affected by undertaking the job of (job title)

AND (strike out whichever is not applicable)

(a) I do not believe that any injury/disease that I have is likely to recur, deteriorate, accelerate or be exacerbated by the key activities required to be undertaken as detailed in the position description.

OR

(b) I have suffered the following injuries/diseases that may recur, deteriorate, accelerate or be exacerbated by the key activities required to be undertaken as detailed in the position description. List injuries/diseases below.

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

Do you agree to the following:	Yes	No
Westmont requesting a confidential report from nominated previous employers	<input type="checkbox"/>	<input type="checkbox"/>
Westmont requesting a confidential report from nominated current employer	<input type="checkbox"/>	<input type="checkbox"/>

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/disease which I have.

To the best of my knowledge the information provided in this declaration is true & correct.

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

Pre-employment Functional Assessment /National Criminal History Record Check/Working With Children Check

I acknowledge that to be considered for a position at Westmont, if I am the successful applicant I will be required to undertake and pass a pre-employment functional assessment performed by a professional nominated by Westmont and at Westmont's expense.

Westmont is ensuring that the successful applicant is physically capable of performing the duties as outlined in the relevant Position Description.

I acknowledge that appointment is subject to a satisfactory National Criminal History Record Check. I also acknowledge a Working With Children Check will be required if relevant to my position.

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

International Police Check

I acknowledge that I will be required to obtain an International Police Check/Statutory Declaration if I have lived overseas for twelve months or more in the past ten years.

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

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: **Date:** :/...../.....