

Gunther Village Employment Application Form



POSITION APPLIED FOR

PERSONAL DETAILS

Surname	Given Name
Preferred Name	Gender (please circle) Male Female
Address	
Work Phone	Home Phone
Mobile Phone	
Email	
Are you an Australian Resident? (please circle) Yes No	
If No, please supply details of status:	

CURRENT QUALIFICATIONS

Qualification Title	Institution / Training Provider	Year Completed

Are you currently undertaking study / training? (please circle) Yes No
 Course / program name:
 (please circle) Full time Part-time Distance Online Other

PREVIOUS EMPLOYMENT (MOST RECENT FIRST PLEASE)

Employer Name / establishment	Dates from/to	Position held	Reason for leaving	Office use check Initial / Date

What type of work are you available for? (please circle) Full time Part time Casual
 As we work on a 24 hour clock are you available for all shifts? (please circle) Yes No
 Are you available to work on Public Holidays? (please circle) Yes No
 Do you have any pre-existing injury or disease of which you are aware, that you could reasonably foresee may be affected by the nature of the duties and responsibilities of the position for which you are applying? (please circle) Yes No
 If yes, please provide a brief description (or on a separate advice): _____

Do you have or have you ever made a workcover claim? (please circle) Yes No
 (Note: Failure to make such a disclosure or the making of false or misleading disclosure forfeits you the right to compensation under the Workers Compensation & Rehabilitation Act 2003)
 If yes, please provide a brief description (or on a separate advice): _____

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OTHER INFORMATION

When will you be able to start work?	
Please provide any other information that you identify as being relevant to this application. (For example, medical conditions, any issues that may affect your ability to perform duties)	

REFERENCES

Do you agree to have referees contacted in relation to this application? (please circle) Yes No
 (Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential)
 Please provide details of three people who can speak on your behalf regarding your work history.

Name	Contact number	Position held/working relationship	Office use check Initial / Date

DECLARATION

I declare that to the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withholding information may result in termination of employment, with this organisation. I understand that this application does not constitute an offer of employment. I understand that a federal police check will be required.

Signed _____ Date _____

CONFIDENTIAL For Office Use Only

POLICE CHECK

Comments:

OTHER ACTION

Action	Name	Date
Interview arranged for / /		
Offer of employment made		
Position		
Acknowledgement letter sent		
Letter of offer sent		
Orientation due on / /		
Payroll details entered		
Probationary period expires on / /		
NOTES:		
Application unsuccessful		
Letter of advice sent		
Application to be destroyed on / /		
Other		