

JOB APPLICATION FORM

POSITION APPLIED FOR:

1. APPLICANT DETAILS

NAME:

STREET:

SUBURB:.....STATE: POSTCODE:

TELEPHONE:..... (HOME)(MOBILE)

EMAIL:

POSTAL ADDRESS:
(If different from above)

DRIVERS LICENCE NO:

DATE OF BIRTH:

PLACE OF BIRTH:

Are you an existing employee of or a volunteer with Communities@Work?

YES / NO

2. CITIZENSHIP

If you are not an Australian citizen or permanent resident, please provide the following information.

Details of your Visa and/or Work Permit:

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Passport Number (if applicable):

(Please include a photocopy of your Visa/Work Permit and Passport)

3. EDUCATION & QUALIFICATION DETAILS:

Date of Attendance	Institution Attended	Qualification(s) Achieved

Do you have a Non-English speaking background? YES / NO

Do you speak, read or write in any language other than English? YES / NO

If Yes, which languages:

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Are you an Aboriginal or Torres Strait Islander? YES / NO

4. PREVIOUS EMPLOYMENT HISTORY

Please list details of previous positions held.

Date of Employment	Name of Employer	Position Title

5. REFEREES

Please list below at least two referees whom we can contact regarding your suitability for the position. (We recommend you contact your referees before submitting their details).

Name of Referee	Relationship to Applicant	Contact Telephone Number

6. CRIMINAL HISTORY DECLARATION

This section requires you to declare whether or not you have been convicted of a criminal or traffic offence. Please note that if you are selected for this position you will be required to undergo a police records' check.

Have you ever been convicted of a criminal offence? YES / NO

Are you the subject of any criminal charges still pending before court. YES / NO

IF YES, PLEASE GIVE DETAILS.

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7. MEDICAL INFORMATION

It is important we do not place you in a situation where health issues you may have will result in avoidable risk to yourself and others.

You should advise us (by circling YES below and providing details) if you have any disability, infectious disease, medical condition or illness, or are taking any medication or have a current Workers Compensation Claim which may in any way impair your performance of the duties of the position (see duty statement). If you are not sure whether your condition is relevant, you should declare it.

YES / NO

If yes, please give details.

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To manage any risks that may arise, it may be necessary for us to seek further assessment from a medical practitioner. We will advise you if this is required.

8. OTHER INFORMATION.

If you wish, you may attach other information to support your application, such as:

- Your curriculum vitae, or
- Relevant certificates

Applicants selected for interviews are required to bring a copy of their academic certificate/s and if possible relevant academic transcript.

Thank you for applying for this position. You will be contacted by telephone regarding if you are required for an interview or further actions.



I certify that the above information is true and correct

Applicant's Signature:

Date: