



Application for Employment

(Note: the answering of items marked * is optional)

Surname: _____ Christian Name(s): _____
 Address: _____ Post Code: _____
 Telephone No: _____ Mobile: _____ Date of Birth*: _____ Marital Status*: _____
 Next of Kin: _____ Relationship: _____ Phone No.: _____

What type of position are you applying for? _____

Are you a member of an industrial union?

Yes No

If yes, which Union? _____

Membership No. (if applicable): _____

Employment during the last three (3) years:

Employer: _____ Position Held: _____ Employment Dates: _____ Reason for Leaving: _____

(If available, please attach certificate stating hours worked)

Previous Continuous Nursing Service: It is the responsibility of ALL applicants to provide proof of previous years of experience to enable the appropriate rate of pay to be determined. This proof MUST be provided prior to employment, otherwise base level Award rates will apply.

Please provide details (names, organisations and phone nos.) of two work-related REFEREES: _____

Police Certificate/ Blue Card attached? (Required by law)

Yes No

If no, will you provide Police Certificate/ Blue Card if employed, and before starting work with us?

Yes No

Have you lived overseas (as a citizen or permanent resident) since 16 years of age?

Yes No

If yes, a Statutory Declaration will be required from you if employed by, and before starting with us.

Have you worked for this organisation previously?

Yes No

If yes, please give details: _____

Have you made any previous Worker's Compensation (Work Cover) Claims?

Yes No

If yes, please give details (e.g. employer, date and nature of injury): _____

Details of any work or personal history that may have any bearing on our assessment of your suitability to work among the frail aged with care, trust and honesty, consistent with your, and our, duty of care toward them: _____

If required, would you be prepared to work Night Shifts? (Nursing Staff only)

Yes No

If yes, please confirm with your signature: _____

Details of any medical/physical disability that could affect your work: _____

Language/s spoken other than English: _____

Have you read our Vision, Values, Mission and Philosophy?

Yes No

Why do you seek employment with a Christian organisation? _____

I certify that the information given on this Application for Employment is correct in every detail. I accept that if I have given any false information I shall be liable to dismissal. I understand that if appointed to a position I am automatically subject to a probationary period of three (3) months. I undertake to work within the ethos of Bethany Christian Care and to actively participate in its continuous quality improvement processes.

Signed: _____

Date: _____

This information is being collected to enable us to give consideration to this application for employment. The information will be used by employees of Bethany Christian Care in the carrying out of their duties. You may access this information by contacting Bethany Christian Care. If you choose not to provide this information your application for employment may be disadvantaged.

SUPERVISOR'S USE ONLY:

APPOINTMENT NOTIFICATION

Date of Commencement: _____ *Cost Centre:* _____

Classification of Employment: _____

Terms of Employment (e.g. Full-time, Permanent Part-time, Casual etc.) _____

Record of Decision re Police Certificate form (F1.6/46) completed? Yes No

Taxation Declaration Attached: Yes No *Bank Details Attached:* Yes No

Appointment Letter Forwarded: Yes No *Copy Attached:* Yes No

Superannuation Application Attached: Yes No

If no, name of existing fund: _____ *Membership No.:* _____

Initial Orientation Record (F1.6/20a) attached? Yes No

Nursing Staff ONLY *Certificate Held:* _____

Registration Number: _____

Current Fee Rec. No.: _____

Years of Service: _____

(According to certificates presented or other verification provided)

Additional Comments: _____

Signature: _____

Date: _____

Designation: _____

OFFICE USE ONLY:

Computer Input: Signature _____ *Date:* _____

Outstanding Matters: _____

File Complete: Signature _____ *Date:* _____