

THE HAVEN COMMUNITY LIMITED
APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: _____

PERSONAL DETAILS:

SURNAME: _____ GIVEN NAMES: _____

ADDRESS: _____

_____ POST CODE: _____

PHONE NUMBER: () _____

Please note that your job application and resume will be kept for 3 months by The Haven then destroyed. If you do not wish The Haven to retain your information please advise us accordingly.

EDUCATION/TRAINING QUALIFICATIONS:

Please list relevant education and training you have undertaken and any certificates received:

NURSES REGISTRATION DETAILS: (If applicable)

EMPLOYMENT HISTORY: (last 5 years. Please list current job first. Attach complete Resume if insufficient space is provided below)

EMPLOYER	PERIOD OF EMP'MNT	POSITION HELD	REASON FOR LEAVING
	/ / TO / /		
	/ / TO / /		
	/ / TO / /		
	/ / TO / /		
	/ / TO / /		
	/ / TO / /		

SKILLS AND EXPERIENCE (List any you feel are relevant to the position):

REFEREES: please provide the name of two referees (work related) who may be contacted.

	1	2
NAME OF REFEREE		
EMPLOYER		
POSITION HELD		
PHONE NUMBER		

MEDICAL HISTORY:

Do you suffer from any medical condition or physical disability, which is likely to adversely affect your capacity to perform your duties and all requirements of the position?

Yes No

If yes please provide details:-

OTHER INFORMATION:

Are you willing to undertake a medical examination if requested to do so?

Yes No

Are you willing for us to contact nominated referees?

Yes No

Are you legally entitled to work in Australia?

Yes No

If you were not born in Australia, please provide a copy of your Visa or Certificate of Citizenship (If applicable)

Are you willing to work weekends?

Yes No

Are you willing to work shifts?

Yes No

Are you over 18 years of age?

Yes No

Are you the subject of any criminal charge/s still pending before a court, or have you been the subject of criminal conviction/s of finding/s of guilt before a Court.

Yes No

If yes please provide details:-

Declaration:

I understand that any false or misleading information given in this application may render my contract of employment, if I am appointed, liable to termination. I declare that to the best of my knowledge the above information and that submitted in any accompanying document/s is true and correct.

I consent to The Haven conducting a criminal history check and agree to provide all necessary information to The Haven for that to be conducted and acknowledge that certain offenses may preclude employment in aged care.

(APPLICANTS SIGNATURE)

_____/_____/_____
(DATE)