

Employee Application Form

POSITION	
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PERSONAL DETAILS			
Name:			
Address:			
Date of Birth:		Mobile Phone:	
Email:			

EMERGENCY CONTACT			
Name:			
Relationship:		Mobile Phone:	
Email:			

ELIGIBILITY FOR EMPLOYMENT			
<p><i>In order to be offered employment you will need to provide evidence of your birth or that you are able to work legally in Australia.</i></p>			
Are you an Australian Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes , you will need to attach a copy of your Australian Birth Certificate
If no , are you authorized to work in Australia and do you consent to Age Up Health conducting a Visa Entitlement Verification Online (VEVO) inquiry at www.border.gov.au	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes , you will need to attach a copy of your visa and passport. If no , unfortunately we will be unable to assist you further.

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BANK DETAILS			
Bank Name:		Account Name:	
BSB:		Account Number:	

TFN & SUPERANNUATION			
Tax File Number:			
Do you wish to claim the Tax Free Threshold? <i>Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you wish to claim any other Tax rate variations or assets? <i>If yes, please provide details (attach as a separate document if necessary)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Super Fund:		Member No:	

NATIONAL CRIMINAL HISTORY CHECKS		
<p><i>All applicants for positions with Age Up Health are required under the Aged Care Act 1997 to undergo a National Criminal History record check (also known as police checks). We require this to be less than 6 months old. In addition, all applicants must provide prior to commencing employment, a statutory declaration certifying that since the age of 16 years they have not been convicted of murder or sexual assault, or convicted of, and/or sentenced to imprisonment for, any other form of assault.</i></p>		
Have you attached a copy of your police check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been a resident of a country other than Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to sign a Statutory Declaration as detailed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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WORK AVAILABILITY			
What type of work are you available for?	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Casual
If part-time or casual, how many days and/or hours per week are you looking for?			Days per week
			Hours per week
How far are you prepared to travel?			kms from home
<i>Please indicate your availability in the available boxes below</i>			
Availability	Day	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION AND QUALIFICATIONS		
<i>Please list any appropriate educational (secondary, tertiary etc) professional or trade qualifications that are relevant to the position that you are applying for. Please attach copies.</i>		
Qualification	Institution	Year Completed

PROFESSIONAL REGISTRATION (where applicable)		
<i>Please list any appropriate professional registrations (Enrolled Nurse, Registered Nurse etc) held that are relevant to the position that you are applying for.</i>		
Qualification	Institution	Year Completed

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EMPLOYMENT HISTORY				
<i>If you do not have a resume/curriculum vitae please complete the table below.</i>				
Employer	Position Held	Date Started	Date Finished	Reason for Leaving

TRANSPORTATION DETAILS				
<i>Please list details of your driver license and car registration/insurance below.</i>				
Licensing State:				
License Number:		License Expiry Date:		
Special Conditions:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If, yes, please specify:	
Vehicle Registration:				
Insurance Details:				

WORK HEALTH AND SAFETY		
<p><i>In accordance with Section 571B of the Workers Compensation and Rehabilitation Act 2003, Age Up Health requires prospective employees to disclose any pre-existing injuries or medical conditions of which they are aware. Also, in accordance with section 571C of the Workers Compensation and Rehabilitation Act 2003, those who fail to meet their obligation to disclose to the prospective employer information relating to existing or pre-existing injuries or medical conditions or who make false or misleading disclosures will not be entitled to compensation or be able to seek damages for any event that aggravates any pre-existing injury or medical condition.</i></p>		
Are you aware of existing or pre-existing injuries or medical conditions (physical or physiological) that could reasonably be aggravated by performing the duties of the position applied for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details (refer to Position Description supplied)		
Are you willing to undertake a medical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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REFEREES			
<i>Please provide details of two (2) of your most recent supervisors who have agreed to be referees and who can be contacted by phone or email. If you have not worked before personal references will be considered</i>			
Referee 1			
Name:			
Position Held:			
Organisation:			
Phone:		Mobile Phone:	
Email:			
Referee 2			
Name:			
Position Held:			
Organisation:			
Phone:		Mobile Phone:	
Email:			

ATTACHED DOCUMENTATION		
Cover Letter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Resume	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of Documentation Evidencing Australian Working Rights	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of relevant Qualifications/and or Registration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of Driver Licence (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of Current Australian Police Check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of First Aid Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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DECLARATION AND PRIVACY STATEMENT

*The management of **Age Up Health** is committed to ensuring that dealings with Personal Information regarding job seekers, staff, clients and others with whom we deal comply with Australian Privacy Laws. In accordance with Australian Privacy Principles 2014, and the Privacy Act 1988, we will only use your Personal Information for the purpose of assessing your application for employment with us. The information we collect will be handled sensitively and secure with proper regard to privacy.*

<p>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 withheld information may result in termination of my employment with this organisation. I give approval for Age Up Health to verify any details of my application, including reference checks and I understand that this application does not constitute an offer of employment. I understand that a police check applies to this application and should I be employed and disclosable court outcomes are received my employment will be terminated.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Applicant's signature:		Date:	

Office Use Only: Employment Details

Position Title:	
Start Date:	
Employment Status:	
Pay Award:	