

# Application for Employment

(People & Culture)

P&C 1A



Position Sought: \_\_\_\_\_

## Section A. Personal Details

<b>Frist Name:</b>	_____	<b>Last Name:</b>	_____
<b>Date of Birth:</b>	_____	<b>Mobile:</b>	_____
<b>Address:</b>	_____		

## Section B. Work Permit in Australia

Are you an Australian citizen?  Y  N

If **no**, you must provide a certified copy of one of the following and or your application will NOT be considered.

DFTTA	ImmiCard	Foreign Passport & Visa	PLO56 (M56)	Titre de Voyage
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## Section C. Health & Capacity

Have you ever submitted a **worker's compensation or any disability claim**?  Y  N

If **yes**, specify \_\_\_\_\_

Are there any **physical restrictions**, e.g., lifting, sitting, standing, walking?  Y  N

Are there any **mental health issues**, e.g., stress, depression?  Y  N

Do you suffer from any **back problem or ailment or disability** or are you taking **regular medication** which may affect work performance or affect attendance?  Y  N

Are you aware of any other **pre-existing medical condition or injury** which might act as an impediment to your performance in this position, either now or later in your employment?  Y  N

## Section D. Education & Qualifications (Overseas Qualification NOT recognised unless accredited in Australia)

Type	Graduation Institution	Major/Area/Subject	Year Finished

## Section E. Latest Employment History & Referee Details

Employer	Position	From	To	Exit Reason
Name of the Referee From the above Employer		Position or Work Relationship		Phone / Mobile

## Section F. Other Information

<b>Driver's License #</b>	_____	<b>Group (i.e. A, C)</b>	_____	<b>Expiry Date:</b>	_____
Do you hold a current <b>First Aid</b> certificate? <input type="checkbox"/> Y <input type="checkbox"/> N					

## Section G. Completeness Checklist (Incomplete Application will NOT be considered)

1. Work Permit (Citizenship, Birth Certificate, Foreign Passport #, Visa Category, Issue Date etc.)	<input type="checkbox"/> Y or N/A
2. Education & Qualification ( <b>Relevant</b> Graduation Certificate or Membership)	<input type="checkbox"/> Y
3. Employment History & Referee	<input type="checkbox"/> Y
4. COVID-19 Vaccination (Minimum - 2   Aged & Disability - 3)	<input type="checkbox"/> Y
5. National Policy Check (Certificate)	<input type="checkbox"/> Y
6. NSW Working with Children Check (DOB, Surname & WWCC#)	<input type="checkbox"/> Y
7. NDIS Worker Check	<input type="checkbox"/> Y or N/A
8. Resume	<input type="checkbox"/> Y
9. Statement addressing all Selection Criteria?	<input type="checkbox"/> Y

## Section H. Applicant Consent

I hereafter give consent to Accessible Diversity Services Initiative Limited to verify my

1. Worker's Compensation History	<input type="checkbox"/> I Agree
2. Work Permit	<input type="checkbox"/> I Agree
3. Healthy & Capacity	<input type="checkbox"/> I Agree
4. Education & Qualification	<input type="checkbox"/> I Agree
5. Employment History	<input type="checkbox"/> I Agree

## Section I. Applicant's Declaration

I declare that all information provided in this application and any attached papers are, to the best of my knowledge, true and accurate in every respect.

I understand that any statement I make (or information I knowingly withhold) which is found to be false or misleading as to the substance of my application will constitute grounds for termination of any contract of employment entered.

I Understand

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Office Use for Direct Supervisors

I declare that I **have** personal interest (family member or friends) with this applicant.

I Declare

OR

I confirm that I **don't have** personal interest with this applicant and understand it is a **misconduct** (breach of the Conflict-of-Interest policy), if I provided misleading and/or false information.

I Confirm

Supervisor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_