

# Application for Employment

(People & Culture)

P&C 1A



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

## Section A. Personal Details

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mobile: \_\_\_\_\_

Language: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

## 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

## 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)

Categories	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

Driver's License #	Group (i.e. A, C)	Expiry Date:

Do you hold a current **First Aid** certificate? ☐ Y ☐ N

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

1. Work Permit (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:** \_\_\_\_\_