

## APPLICATION FOR EMPLOYMENT

**IMPORTANT, PLEASE READ THE FOLLOWING NOTES BEFORE COMPLETING THIS FORM:**

- COMPLETION OF THIS FORM DOES NOT GUARANTEE AN OFFER OF EMPLOYMENT
- EMPLOYMENT IS ON A CASUAL BASIS UNTIL ADVISED IN WRITING TO THE CONTRARY AND DOES NOT INCLUDE HOLIDAY ENTITLEMENTS OR SICK LEAVE
- THIS APPLICATION IS CONFIDENTIAL AND MUST BE COMPLETED PERSONALLY BY THE APPLICANT
- PLEASE CIRCLE YOUR ANSWERS TO ALL YES/NO QUESTIONS
- PLEASE PRINT CLEARLY

DATE OF APPLICATION			
SURNAME	MR / MRS / MS / MISS		
GIVEN NAMES	PREFERRED NAME		
DATE OF BIRTH			
HOME ADDRESS			
TELEPHONE NUMBERS	HOME	WORK	MOBILE
EMAIL ADDRESS			
NEXT OF KIN OR EMERGENCY CONTACT	NAME	CONTACT NUMBER	
	RELATIONSHIP		
CITIZENSHIP	ARE YOU AN AUSTRALIAN CITIZEN? YES / NO IF NO, WHAT NATIONALITY PASSPORT DO YOU HOLD? _____ PASSPORT NUMBER _____ TYPE OF VISA _____ VISA NUMBER _____ EXPIRY DATE _____		

## QUALIFICATIONS

PLEASE TICK IF YOU HOLD ANY OF THE FOLLOWING CURRENT QUALIFICATIONS:

REGISTERED NURSE	<input type="checkbox"/>	CERTIFICATE III IN AGED CARE	<input type="checkbox"/>
DIPLOMA IN NURSING	<input type="checkbox"/>	CERTIFICATE IV IN AGED CARE	<input type="checkbox"/>
ENROLLED NURSE	<input type="checkbox"/>	FIRST AID CERTIFICATE	<input type="checkbox"/>
ENDORSED ENROLLED NURSE	<input type="checkbox"/>	OTHER (give details)	<input type="checkbox"/>

## LANGUAGES

ARE YOU FLUENT IN ANY OTHER LANGUAGE?	YES / NO _____ Give details
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## DRIVER'S LICENCE

DO YOU HOLD AN AUSTRALIAN DRIVER'S LICENCE?	YES / NO LICENCE NUMBER _____
DO YOU HOLD A VALID DRIVER'S LICENCE FROM ANOTHER COUNTRY?	YES / NO COUNTRY _____ LICENCE NUMBER _____
IF NECESSARY, ARE YOU PREPARED TO PROVIDE A CAR TO USE FOR WORK?	YES / NO
IS YOUR CAR REGISTERED WITH CURRENT COMPREHENSIVE INSURANCE?	YES / NO INSURANCE COMPANY _____ POLICY NUMBER _____

## AVAILABILITY

PLEASE CIRCLE THE TIMES YOU ARE AVAILABLE FOR WORK AND INDICATE YOUR PREFERRED WORK LOCATION

AVAILABLE DAYS	MON TUES WED THURS FRI SAT SUN
AVAILABLE NIGHTS	MON TUES WED THURS FRI SAT SUN
PRIVATE HOMES	YES / NO
AGED CARE FACILITIES	YES / NO

## REFEREES

PLEASE NOTE REFEREE DETAILS ARE REQUIRED PRIOR TO ANY SUCCESSFUL APPLICATION. YOU MAY WISH TO LET YOUR REFEREES KNOW THAT THE COMPANY MAY CONTACT THEM WITH REGARD TO YOUR APPLICATION

NAME OF REFEREE	COMPANY	POSITION	TELEPHONE NUMBER

1 Holland Road, Double Bay 2028

**Phone** 02 9327 4942

**Fax** 02 93274948

**Email** [info@aroundtheclockcare.com.au](mailto:info@aroundtheclockcare.com.au)

## EMPLOYMENT DETAILS

IS THIS YOUR FIRST APPLICATION TO THIS COMPANY?	YES / NO
HOW DID YOU FIND OUT ABOUT AROUND THE CLOCK CARE PTY LTD?	
ARE YOU CURRENTLY EMPLOYED?	YES / NO
MAY WE CONTACT YOUR PRESENT EMPLOYER?	YES / NO

## EMPLOYMENT HISTORY (LAST 3 YEARS)

CURRENT OR MOST RECENT PERIOD OF EMPLOYMENT	FROM _____ TO _____ mm/yy mm/yy
COMPANY/ORGANISATION	
ADDRESS & TELEPHONE NUMBER	
POSITION HELD	
DESCRIPTION OF DUTIES	

COMPANY/ORGANISATION	
PERIOD OF EMPLOYMENT	FROM _____ TO _____ mm/yy mm/yy
ADDRESS & TELEPHONE NUMBER	
POSITION HELD	
DESCRIPTION OF DUTIES	

COMPANY/ORGANISATION	
PERIOD OF EMPLOYMENT	FROM _____ TO _____ mm/yy mm/yy
ADDRESS & TELEPHONE NUMBER	
POSITION HELD	
DESCRIPTION OF DUTIES	

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PLEASE PROVIDE DETAILS OF ANY PREVIOUS EMPLOYMENT THAT YOU FEEL IS RELEVANT TO THIS POSITION

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HAVE YOU EVER BEEN THE SUBJECT OF ANY OFFICIAL COMPLAINT THAT COULD HAVE LED TO A CONVICITON FOR AN OFFENCE UNDER THE LAW?

YES / NO

IF YES, PLEASE PROVIDE DETAILS TOGETHER WITH THE OUTCOME

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HAVE YOU EVER BEEN DISMISSED FROM EMPLOYMENT?

YES / NO

IF YES, PLEASE PROVIDE DETAILS

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HAVE YOU EVER BEEN THE SUBJECT OF A COMPLAINT OF DISCRIMINATION, SEXUAL HARASSMENT OR OTHER FORM/S OF DISCRIMINATORY CONDUCT?

YES / NO

IF YES, PLEASE PROVIDE DETAILS

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IS THERE ANY INFORMATION THAT YOU HAVE NOT DISCLOSED BUT WHICH THE EMPLOYER MIGHT REGARD AS BEING RELEVANT TO ITS DECISION TO OFFER YOU EMPLOYMENT?

YES / NO

IF YES, PLEASE PROVIDE DETAILS

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## ILLNESS OR DISABILITY

THERE ARE SOME WORK SITUATIONS WHERE A DISABILITY MAY PLACE AT RISK THE HEALTH AND SAFETY OF CLIENTS OR PEOPLE IN YOUR CARE

FOR THIS REASON WE NEED TO KNOW WHETHER YOU HAVE ANY DISABILITY. WE HAVE IDENTIFIED SOME MEDICAL CONDITIONS WHICH MAY BE RELEVANT.

DO YOU SUFFER FROM ANY OF THE FOLLOWING MEDICAL CONDITIONS? (PLEASE TICK)

HEPATITIS (give details)	<input type="checkbox"/>	EPILEPSY	<input type="checkbox"/>
BACK COMPLAINTS	<input type="checkbox"/>	ANY MENTAL ILLNESS	<input type="checkbox"/>

DO YOU SUFFER FROM ANY OTHER CONDITION/S THAT MAY AFFECT YOUR ABILITY TO WORK AS A CARER/NURSE? PLEASE DESCRIBE

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HAVE YOU EVER MADE A CLAIM FOR WORKER'S COMPENSATION? YES / NO

IF YES, DESCRIBE THE NATURE OF THE CLAIM AND INDICATE IF THIS WILL IN ANY WAY COMPROMISE YOUR ABILITY TO PROPERLY CARRY OUT THE DUTUIES REQUIRED AS A CARER OR NURSE

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## **AGREEMENT**

### **PRIVACY ACT**

#### **I AGREE**

- TO AROUND THE CLOCK CARE PTY LTD OBTAINING INFORMATION FROM MY PREVIOUS EMPLOYER/S AND NOMINATED REFEREES
- TO MY PREVIOUS EMPLOYER/S AND NOMINATED REFEREES PROVIDING AROUND THE CLOCK CARE PTY LTD WITH INFORMATION
- SHOULD I BE EMPLOYED BY AROUND THE CLOCK CARE PTY LTD, TO ANY CLIENT OF AROUND THE CLOCK CARE PTY LTD AND ANY OTHER EMPLOYER, PERSON/S OR ENTITY PROVIDING AROUND THE CLOCK CARE PTY LTD WITH INFORMATION

### **CONFIDENTIALITY**

#### **I AGREE**

- THAT I WILL NOT MAKE ARRANGEMENTS WITH ANY CLIENT OR THEIR REPRESENTATIVE/S INTRODUCED TO ME BY AROUND THE CLOCK CARE PTY LTD OTHER THAN THOSE ARRANGEMENTS AUTHORISED ON MY BEHALF BY AROUND THE CLOCK CARE PTY LTD
- THAT I WILL NOT DIVULGE ANY INFORMATION ABOUT ANY CLIENT OF AND/OR ANY CONFIDENTIAL MATERIAL BELONGING TO AROUND THE CLOCK CARE PTY LTD

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

## **DECLARATION**

FALSIFICATION OF ANY INFORMATION PROVIDED IN THIS APPLICATION MAY RESULT IN INSTANT DISMISSAL WITHOUT NOTICE

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND CORRECT

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

1 Holland Road, Double Bay 2028

**Phone** 02 9327 4942**Fax** 02 93274948**Email** info@aroundtheclockcare.com.au

## **STAFF PAY DETAILS**

**Complete relevant section and sign below**

Surname \_\_\_\_\_ First Name \_\_\_\_\_

### **ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE \_\_\_\_\_ FAX \_\_\_\_\_ MOB \_\_\_\_\_

### **NEXT OF KIN/EMERGENCY CONTACT DETAILS**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

### **BANK DETAILS**

ACCOUNT NAME \_\_\_\_\_

BANK \_\_\_\_\_ BRANCH \_\_\_\_\_

BSB NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

### **SUPERANNUATION FUND**

ACCOUNT NAME \_\_\_\_\_

FUND NAME \_\_\_\_\_

FUND ADDRESS \_\_\_\_\_

FUND MEMBERSHIP NUMBER \_\_\_\_\_

<b>SIGNATURE</b> _____	<b>DATE</b> _____
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### **OFFICE USE ONLY**

Date received \_\_\_\_\_ Received by \_\_\_\_\_