



EMPLOYMENT
APPLICATION PACK

APPLICATION FOR EMPLOYMENT

Title			
Full Name			
Preferred Name			
Current Address			
Suburb			Post Code
Contact Numbers Mobile Home Work	Is your mobile a smart phone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address			
Date of Birth	<input type="checkbox"/> Male		<input type="checkbox"/> Female <input type="checkbox"/> Indeterminate
Drivers Licence Number Type and Class of Licence Issue Date of Licence Expiry Date of Licence State Licence Issued	When attending an interview please bring your Driver's Licence.		
Are you an Australian permanent resident or citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
You must attach proof of citizenship, permanent residency, or legal entitlement to work in Australia including Visa Grant Notice must be provided.			
Position Applied For		Location	
Employment Type	<input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Casual		
Where did you see the position advertised?			
Emergency Contact Name and Relationship to you			
Emergency Contact Phone Number			
Name on Bank Account			
Institution			
BSB Number		ACCOUNT Number	
Tax File Number		Claiming the tax free threshold?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Superannuation Fund		Name on Super Account	
Super Member Number		Super Fund Spin Number (if known)	

Initial: _____

<p>REFERENCES:</p> <p>Please provide the names and phone numbers of at least 2 professional references. Personal references are acceptable if unable to provide professional ones.</p> <p>Professional Referees</p> <p>Name</p> <p>Organisation</p> <p>Phone number</p> <p>Email address</p>	Referee 1	Referee 2
I understand that Your Way Support Services may wish to contact my referees and I authorise them to do so.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you currently have other regular employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, how many hours on average do you work per week?</p>		
<p>Please advise your current availability: (tick or list times)</p> <p>Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____</p>		
<p>Your Way Support Services are committed to the principles of Equal Employment Opportunity and we encourage people of Aboriginal and Torres Strait Islander background or people with disability to apply for positions.</p>		
<p>Do you identify as having a disability?</p> <p>Details:</p> <p>If you answered yes, please provide details of any adjustments you believe you require during the recruitment process or if you are successful in the position.</p>	<p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>*HR please forward applicant the request for reasonable adjustment form.</p>	
Do you identify as being of Aboriginal or Torres Strait Islander background/descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require translation assistance during an interview or in order to understand organisational documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No Language:	
I am willing to undergo a Working with Children Check (if applicable to the position) and a National Criminal Record Check and provide 100 points of identification.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Has disciplinary action of any sort ever been taken against you by a previous employer, or an educational, training or religious institution?</p> <p>If YES, please provide the details:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Are there any complaints pending against you?</p> <p>If YES, please provide the details:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Have you ever had a civil action brought against you relative to your work or is any such action pending?</p> <p>If YES, please provide the details:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Have you ever been convicted of a criminal offence?</p> <p>If YES, please provide the details:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any convictions for offences involving anyone under 18 years of age and/or any sex offences?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Initial: _____

If YES, please provide the details	
I am willing to attend a medical review if and when required by Your Way Support Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>NB: Your Way Support Services has a Duty of Care responsibility to Clients, Staff and Volunteers. The following question relate to this Duty of Care responsibility however as Your Way Support Services are 'pro-disclosure' so that we can understand and support you in your role, we encourage you to disclose any medical conditions or disabilities.</p> <p>Do you have, or have you had, any medical condition, including physical condition, injury or psychiatric condition which may affect your capacity to carry out the inherent requirements of the position being applied for, or if by carrying out the duties of the position your medical condition or health could be adversely affected? (You have a duty of disclosure to answer this question correctly, and failure to do so could negate any application you make for workers compensation, and/or, could result in your termination for non-disclosure.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please give full details:</p>	
<p>To be engaged with employment with a child or person with a disability, you must have a current blue and yellow card. These are required to be paid by yourself.</p> <p>Do you have a current Blue and Yellow card?</p> <p>Please fill in the payment details on the back on the form along with the receipt number for lodgement.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Signed: _____ Date: _____</p> <p>Print Name: _____</p>	

Initial: _____