

GREAT LAKES AGED AND INVALID CARE ASSOCIATION LTD

ABN 68 601 088 375

APPLICATION FORM

Position applied for

Preferred Title:	Mr / Mrs / Ms / Miss	
Surname:		
Given Names:		
Address:		
Telephone:	Private:	Mobile:
Date of Birth (optional)		
Australian Citizenship	Yes / No (if no please provide Visa / Work Permit Number)	

Please provide your work experience details in chronological order, commencing with your most recently held position

Employer	Position Held	From	To	Reason for leaving
1				
2				
3				
4				
5				

Please provide details of your educational qualifications:

Qualification Attained	Institution	Year
1		
2		
3		
4		
5		

Current Practising Certificate No: (if applicable)	
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Contact details for 3 referees, at least 2 should apply to previous employment:

Name	Address	Contact Telephone

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Your application will not be accepted if this section is not completed.

Are you willing to undertake a medical examination?	Yes / No
Are you willing for us to contact your previous employer as a referee?	Yes / No
Are you legally entitled to work in Australia?	Yes / No
Are you willing to work weekends?	Yes / No
Are you willing to work shifts?	Yes / No
Are you over 18 years of age?	Yes / No

Do you have a physical restriction which would prevent you from carrying out the functions of the role you have applied for? If so please give details.

Are you the subject of any criminal charge(s) still pending before a court or have you been the subject of criminal conviction(s) or finding(s) of guilt before a Court which are not "pardoned, quashed or spent convictions under Legislation? YES / NO. If YES provide details:

Why do you wish to apply for this position?

How many hours would you like to work per week?

I certify that the information in this application form is correct in every detail. I accept that I have given any false information my employment may be discontinued.

Signed:..... Date:.....

OFFICE USE ONLY: DATE RECEIVED:..... SIGNATURE:.....NAME:.....
