

## Job Application/Interview Form

**Date of Application:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Position(s) applied for:** Domestic  Supervisor  Kitchen  Cook  Administration

Handyman/Gardener  Other \_\_\_\_\_

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Telephone Number (Mobile): \_\_\_\_\_

Email (optional): \_\_\_\_\_

Are you legally permitted to work in Australia?  Yes  No

Do you hold a current driver's licence?  Yes  No

Do you hold a current National Police Clearance ?  Yes  No

If not, are you able to obtain one ?  Yes  No

**Education and Qualifications:**

Year from-to	Name of school or college	Standard attained/qualification

**Other relevant qualifications, trade skills or certificates (please attach copies):**

**Employment History:**  
*(Please start with your present or most recent employment and work backwards) **Only complete if you do not have a resume to attach.***

Date (from - to)	Name and address of employer
Reason for leaving	Position held & main duties

Date (from - to)	Name and address of employer
Reason for leaving	Position held & main duties



**When could you commence employment with us?**

**Additional Information:**

*(Please add here any additional information relevant to the position eg. membership of any professional bodies, driver's licences, language, first aid certificates, etc).*

**Are you prepared and available to work:**

- |                  |                              |                             |
|------------------|------------------------------|-----------------------------|
| Afternoon shift: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Night shift:     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Weekends:        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Public Holidays: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If requested would you be able to work outside of normal hours?

- Regularly       Occasionally       Rarely       No

**Referees:**

*(Please provide the names, addresses and telephone numbers of three persons as work related referees from whom confidential reports may be obtained)*

- |    |    |
|----|----|
| 1. | Ph |
| 2. | Ph |

**Health**

Please provide details of any previous or current medical condition or restriction, physical or otherwise, which may affect your ability to perform the essential requirements of the job.

This must include any medical condition or restriction arising from a previous workers' compensation claim. Failure to provide such information may jeopardise your rights to workers' compensation if a pre-existing disability is aggravated at work (Section 79 of the *Workers' Compensation and Injury Management Act 1981*).

Disclosure of a medical condition or restriction does not necessarily exclude an applicant from employment.

**Declaration by Applicant:**

- I understand that any misrepresentation of facts in this application could be cause for termination if employed.
- I understand that part of the application procedure involves a medical examination by a medical officer nominated by the Company and I authorise disclosure of the results of this examination to the Company.
- I consent to any reference checks which may be necessary to support this application. I release all such persons from any potential liability and damages incurred as a result of providing this information.

I, \_\_\_\_\_ hereby declare that the information contained in this application is to the best of my knowledge true and correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



50 Felspar Street (PO Box 394) NARROGIN WA 6312  
Phone: 08 9881 1677 Fax: 08 9881 1353  
Email: reception@nch.org.au

**Privacy:** Your application form contains personal information, which will be dealt with in accordance with our Privacy Policy. If you are successful in your application your form will become an employment record. If you are unsuccessful your application form will be destroyed/kept for xx months before being destroyed.

**Office use only:**

*(please tick once completed)*

1.  Applicant's information verified.
2.  Referees contacted.
3.  Unsuccessful.                      Hold details for                      months  
 Successful.
4. Applicant has been notified by:  
 Letter                       Telephone                       Personally
5. (a) Date of interview:  
(b) Time of interview:  
(c) Location of interview:  
(d) Interviewer:  
(e) Other positions which the applicant may be suited for: