

APPLICATION FOR EMPLOYMENT

This form must be completed for each position applied for, and by each applicant.

The information on this form will be treated as strictly confidential under the Privacy Act of 1988 and National Privacy Principles and will be used in connection with prospective employment with this hospital. The Hospital reserves the right to check details, however, no approach will be made to your current employer without your permission.

All new employees are required to complete an application for employment form. There are a number of key questions on the form, which are explained as follows:

Visa Status. During the recruitment process, it is essential that we check prospective employees' entitlement to work in Australia in accordance with the Department of Immigration and Multicultural Affairs' guidelines.

Referees. Before an official offer of employment is made, whether an internal or a new employee, at least two reference checks must be made. The referees given by the individual must be recent, professional and ideally include their current employer. If in doubt as to the nature of the referees, the applicant may be asked for clarification and additional referees if necessary.

Physical/Medical. We are committed to providing a safe working environment for all employees. It is our objective to ensure that employees are not required to work in duties that they are not able to perform safely.

POSITION APPLIED FOR:

Where did you see this position advertised?

Are you a member of an existing Super fund? Health Super Hesta

Membership Number:

SECTION A - PERSONAL DETAILS

Mr/Ms/Miss/Mrs/Dr.....
(Please use block letters) **FAMILY NAME** **Other Names**

Former Names: (if applicable).....

Current Address:.....**Postcode**.....

Contact Telephone/Mobile Number:.....

Next of Kin: Name.....**Relationship** (optional).....

Address.....**Telephone No.**.....

Nursing Registration No. (if applicable):.....

Division (if applicable):

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1) Are you a permanent resident of Australia? YES NO

If NO, what is your visa status:

Passport Number: _____ Expiry Date: _____

2) Applicants will be required to undergo a police records check for pre-employment safety screening purposes.

Have you been convicted of an offence of any nature? YES NO

If YES, please state below the details of each offence including dates:

3) Are you prepared to work shift work? YES NO

4) Are you currently on Leave Without Pay YES NO or Long Service Leave YES NO
from your current employer?

SECTION B – EDUCATION

You may attach photocopies (Not Originals) of Awards.

Applicants are reminded that overseas education and technical qualifications should be included.

1. University and/or College and/or Hospital

Course Undertaken	University / College / Hospital	Year

2. Degree, Diploma or Certificate Awarded.

Please attach copy

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3. Other Qualifications and Skills

You should include professional or technical qualifications, membership or professional associations, short courses, fluency in languages, shorthand speeds, office machine operation, switchboard skills, etc.

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SECTION C - EMPLOYMENT HISTORY:

Please show where you have worked before. Include overseas as well as Australian work experience. Voluntary work experience may also be included or attach resume.

Name of Employer	Position Held	Dates From/To

Professional Referees

Name of Referee	Title & Organisation	Relationship	Contact No.

Give details of interests or activities which may assist your application

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Identify the top three (3) criteria you look for when applying for a new position (eg, lifestyle, employee benefits, work life balance)

(1)..... (2)..... (3).....

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SECTION D - PRE-EXISTING INJURY/DISEASE/ALLERGY DECLARATION

Northeast Health Wangaratta is committed to protecting the health, safety and well-being of all employees. To achieve this, the hospital strives to ensure that employees are not required or permitted to undertake work for which they are not suited and to take appropriate measures to allow work to be done in a manner which will not put any person at risk to their health and safety.

The following declaration is made for the purposes of sections 82(7)-(9) of the Accident Compensation Act 1985.

I(name of applicant) declare that:

I acknowledge that I am required to disclose all pre-existing injuries, diseases or allergies that I am aware and one could reasonably be expected to foresee could affect the nature of the proposed employment.

AND (*strike out whichever is not applicable*)

a) I do not have an injury, disease or allergy that I am aware and that one could reasonably be expected to foresee could affect the nature of the proposed employment.

OR

b) I have suffered the following injury, disease and/or allergy that may recur or deteriorate, accelerate or be exacerbated or aggravated by the duties described in the position description.

(list injuries, diseases and/or allergies)

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Where you have a pre-existing injury, disease and/or allergy, consideration will be given to reasonable modifications to the environment or tasks.

Do you agree to undergo a Medical fitness test? YES NO

Furthermore, if appointed I agree :

- To abide by the By-Laws, Policies, and Procedures of the Northeast Health Wangaratta as determined by the Health Department and Board of Management.
- To respect the absolute confidentiality of all patients, clients and personnel and I realise that breaches by myself could result in disciplinary action or dismissal action being taken.

I understand that I maybe required to work in any area under the jurisdiction of the Northeast Health Wangaratta as negotiated within my contract.

I acknowledge that any non-disclosure or false or misleading information on my part may result in section 82(8) of the Accident Compensation Act 1985 being applied. This would disentitle me or my dependants from receiving benefits relating to any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury, disease and/or allergy which I may have.

To the best of my knowledge the information provided in this Declaration is true and correct.

Signature:Dated:/...../.....