

Application for Employment

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Position Applied for:				Date		
Privacy We are collecting the information on this form for the purpose of processing your application for employment. This information will not be disclosed to any individual or organisation without your consent.						
		Personal [Details			
Surname:		Give	en Names	:		Mr, Mrs, Miss, Ms
Address:				•		
Home Phone No:		Mok	oile No:			
Email Address:				•		
Date of Birth:		Cou	ıntry of Bir	th:		
Church Affiliation:						
Languages Spoken						
Availability: (Days/AM/PM)						
Were you referred to us If yes please specify	•	ook Garden's	employee	?	Yes 🗆 No 🗆]
Have you at any time af (If yes a Statutory De			-	ther than	Australia? Ye	es 🗆 No 🗆
Are you legally entitled to work in Australia? Visa type if applicable: (Please be prepared to show proof, eg. Birth Certificate, Passport, Certificate of Australian Citizenship)						
Do you have a current 'Police Check' If yes, original to be sighted, copied and copy noted with 'Original sighted' date and signature. If no, do you agree to a 'Police Check' as part of your employment application? Yes □ No □						
		isting Injur				
In accordance with s82(7)-(9) of the Accident Compensation Act 1985 (Vic), you are required to disclose any or all pre-existing injuries, illnesses or diseases (pre-existing conditions) suffered by you which could be accelerated, exacerbated, aggravated or caused to recur or deteriorate by you performing the responsibilities associated with the employment for which you are applying with Outlook Gardens Hostel.						
Please note that, if you fail to disclose this information or if you provide false and misleading information in relation to this issue, under s82(8) and s82(9) of the Act you and your dependants may not be entitled to any form of workers' compensation.						
Please also note that the giving of false information in relation to your application for employment with Outlook Gardens Hostel may constitute grounds for disciplinary action or dismissal.						
Are you required to take regular medication which may Affect Work Performance Yes \(\Boxed{1}\) No \(\Boxed{1}\) Affect your attendance at work. Yes \(\Doxed{1}\) No \(\Doxed{1}\) If yes, specify: \(\te						

aggravated by the e	rior injuries tha	• •	isting medical conditions of deteriorate, accelerate or	• •	ed or
Or I have suffered the f aggravated by the e		ions that may ı	ecur or deteriorate, accele	erate or be ex	acerbated or
Please list details of all pre-	existing conditi	ons:			
Please give details of any V	Vork Cover clai	ms made in the	e last five years:		
	E	ducation Qua	lifications		
Institution			Standard Attained	Year	r Qualified
			esent or last position hel		
Employer	Position	on held	From/To:	Reason	For Leaving
References (Ple	ase specify de	tails of perso	ns prepared to give a ve	rbal reference	e)
Name		Pos	ition/Title	Telep	hone No.
	ook Garden's	Aim, Philos	ophy & Mission Staten	nent	
Aim: It is the aim of the Outlook (residents of the Facility. Our ageing people and to do so their individuality and dignity Philosophy: We believe that the Bible as in the image of God and we physical, emotional and socia	tlook Gardens of in a Christian a will be respect the Word of Go be believe that, the	was establishe atmosphere of ted. od is authoritati	d to meet specifically the relation love and care, where by rive for all of life. The Bible	needs of the a ghts they can reveals that m	aged and expect that
Mission Statement: To provide - as an organisa caring environment in which opportunity to live life to the fulfilment. I agree with the Aim, Philose	tion motivated the resident's not only in	eeds are diliger terms of their	ntly assessed, and thus pro physical well-being, but als	vides the resid	dents with the

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- I have read and understood this form and have discussed the employment with a representative of Outlook Gardens Hostel.
- I understand the responsibilities and physical demands of the employment

Signature

Salary/Wage Rate:

- I acknowledge that I am required to disclose all pre-existing conditions which I believe may be affected by me undertaking the employment.
- I acknowledge that failure to disclose this information or providing false and misleading information may result in invoking section 82(7)-(9) of the Accident Compensation Act 1985 (Vic) which may disentitle me or my dependants from receiving any workers' compensation benefits relating to any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing condition which I may have arising out of, in the course of, the employment.

Date

 I acknowledge and declare that the information provided in this form is true and correct in every particular.

Full name (Please print)	
Office Use Only	
Additional Comments/ Requhis/her delegate)	isite Modifications (to be completed by the Residential Services Manager or
Classification:	Award: