



Application for Employment

Position Applied for:		Date	
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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:		Given Names:	Mr, Mrs, Miss, Ms
Address:			
Home Phone No:		Mobile No:	
Email Address:			
Date of Birth:		Country of Birth:	
Church Affiliation:			
Languages Spoken			
Availability: (Days/AM/PM)			
Were you referred to us by an existing Outlook Garden's employee? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes please specify: _____			
Have you at any time after turning 16, been a citizen of a country other than Australia? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(If yes a Statutory Declaration will need to be completed)			
Are you legally entitled to work in Australia? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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' Yes <input type="checkbox"/> No <input type="checkbox"/>			
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 <input type="checkbox"/> No <input type="checkbox"/>			

Pre-Existing Injury Declaration
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 <input type="checkbox"/> No <input type="checkbox"/>
Affect your attendance at work. Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, specify: _____

Declaration

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

Signature		Date	
Full name (Please print)			

Office Use Only

Additional Comments/ Requisite Modifications (to be completed by the Residential Services Manager or his/her delegate)

Classification: _____ Award: _____

Salary/Wage Rate: _____