

## Application for Employment

<b>Position Applied for:</b>		<b>Date:</b>	/	/
------------------------------	--	--------------	---	---

### 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						
Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Given Name:	
Surname:		Preferred Name:				
Address:				Postcode:		
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? (If yes a Statutory Declaration will need to be completed)					Yes <input type="checkbox"/>	No <input type="checkbox"/>
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, e.g. 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 Aged Care Facility.

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 Aged Care may constitute grounds for disciplinary action or dismissal.

Are you required to take regular medication which may

Affect Work Performance Yes  No

Affect your attendance at work. Yes  No

If yes, specify: \_\_\_\_\_

\_\_\_\_\_

Are you aware/do you have any knowledge of any pre-existing medical conditions or injury

I have suffered no prior injuries that may recur or deteriorate, accelerate or be exacerbated or aggravated by the employment.

Or

I have suffered the following conditions that may recur or deteriorate, accelerate or be exacerbated or aggravated by the employment.

Please list details of all pre-existing conditions: \_\_\_\_\_

\_\_\_\_\_

Please give details of any Work Cover claims made in the last five years: \_\_\_\_\_

\_\_\_\_\_

### Education Qualifications

Institution	Standard Attained	Year Qualified

### Employment History (Please list present or last position held first)

Employer	Position held	From/To:	Reason For Leaving

### References (Please specify details of persons prepared to give a verbal reference)

Name	Position/Title	Telephone No.

### Outlook Garden's Aim, Philosophy & Mission Statement

**Aim:**

It is the aim of the Outlook Gardens to ensure the physical, emotional, spiritual and social well-being of the residents of the Facility. Outlook Gardens was established to meet specifically the needs of the aged and ageing people and to do so in a Christian atmosphere of love and care, where by rights they can expect that their individuality and dignity will be respected.

**Philosophy:**

We believe that the Bible as the Word of God is authoritative for all of life. The Bible reveals that man is created in the image of God and we believe that, therefore, each person is a unique individual with his or her spiritual, physical, emotional and social needs.

**Mission Statement:**

To provide - as an organisation motivated by the love of God - a service for Aged people in a comfortable and caring environment in which the resident's needs are diligently assessed, and thus provides the residents with the opportunity to live life to the full, not only in terms of their physical well-being, but also their social and spiritual fulfilment.

I agree with the Aim, Philosophy and Mission Statement of the Association Yes  No

**Declaration**

- I have read and understood this form and have discussed employment with a representative of Outlook Gardens Aged Care Facility.
- 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: \_\_\_\_\_