

## Application For Employment

To be completed by the applicant.

The information supplied in this document and in your application will be treated in the strictest of confidence.

### Applicant Details:

Title:	Surname:	Given Name/s:
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### Details of Advertised Vacancy:

<b>JOB TITLE:</b>	
<b>LOCATION:</b>	
<b>EMPLOYMENT TYPE (PLEASE CIRCLE):</b>	Permanent / Contract Employee / Casual / Student
<b>APPLICATIONS SHOULD BE MARKED 'PRIVATE AND CONFIDENTIAL' AND FORWARDED TO:</b>	Private and Confidential Area Manager, Recruitment and Training 66 Victoria Street Hastings Vic 3915 Or via email: <a href="mailto:hr@milife-victoria.org.au">hr@milife-victoria.org.au</a>

## Application For Employment

### Personal Details:

Title:	Surname:	Given Name/s:
Preferred name:		
Home Address:		
Suburb:	State:	P/Code:
Contact Details:		
Work:	Home:	
Mobile:	Email:	
Current qualifications: Please attach copies of all current qualifications and certificates of attainment	Year Obtained:	
Are you an Australian Citizen / Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, do you have a working visa <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(Note: to be eligible for employment, applicants must have the appropriate work visa or have permanent residency status and provide proof of such prior to an interview)</i>		

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In the last 10 years, have you lived overseas for longer than 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied to or worked for the Organisation previously? (MiLife-Victoria or Peninsula Access Support and Training – P.A.S.T.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any friends, relatives or acquaintances working for or attending the Organisation? If yes, state name & relationship _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a current First Aid certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a current Working With Children Check (Employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a current Police Check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a current International Police Check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Certificate of Completion of the NDIS Worker Orientation Module?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require any special arrangements at an interview?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details below:		
Do you have any pre-existing injury or disease of which you are aware that you could reasonably be expected to foresee, could be affected by the nature of the duties and responsibilities of the position for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a brief description (or on a separate advice):		
<i>(Note: Failure to make such a disclosure or the making of a false or misleading disclosure forfeits you the right to compensation under the Accident Compensation Act 1985)</i>		

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Do you have any convictions, finding of guilt and/or pending police investigations or charges against you that are less than 10 years old?  Yes  No

If yes, please provide a copy of your police check along with further details and this application form to Terri Carroll, Chief Executive Officer at [ceo@milife-victoria.org.au](mailto:ceo@milife-victoria.org.au) marking the email Private and Confidential.

Can you work on the weekends?  Yes  No

Can you work mornings?  Yes  No

Can you work evenings?  Yes  No

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?

Yes  No

If yes, please explain \_\_\_\_\_

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### Previous Employment Details:

Employer name/establishment	Dates from/to	Position held	Reason for leaving

### Referee Details:

*Note: Two referees are required. These referees should have been your immediate supervisor in your past or existing role.*

1.Name of Referee:	
Position Held:	Contact No:
Name of Organisation:	
2.Name of Referee:	
Position Held:	Contact No:
Name of Organisation:	

## Application For Employment

3.Name of Referee:

Position Held:

Contact No:

Name of Organisation:

If successful, when would you be able to start work?

### Certification:

I hereby certify that the above information is correct and complete to the best of my knowledge and belief. I understand that, if I am employed, I will be liable to dismissal if any of the statements in my application are found to be deliberately misleading.

Applicants Name (*print*):

Signature:

Date: