

# 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 Agency. The Agency 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.

## Police Check

A current National Police Certificate is required to be produced prior to employment

## Qualification/ Registrations:

Please attach copies of all relevant registrations, qualifications and/or certificates i.e. First Aid, Food Handling, Allied Health, Nursing etc.

## Referees

Before an official offer of employment is made, whether an internal or a new employee, at least two referee 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.

<b>POSITION APPLIED FOR:</b>		
<b>SECTION A- PERSONAL DETAILS (Please use block letters)</b>		
<b>Title:</b>	<b>Family Name:</b>	<b>Other Names:</b>
<b>Former Names (if applicable):</b>		
<b>Current Address:</b>		<b>Post Code:</b>
<b>Contact Telephone:</b>		<b>Mobile Number:</b>
<b>Email:</b>	<b>Preferred method of contact: Email / Phone / Text / Mail</b>	
<b>Person to contact:</b>		<b>Relationship:</b>
<b>Address:</b>		<b>Contact Number:</b>
<b>Are you a permanent resident of Australia? YES/ NO</b>		
<b>Are you prepared to work shift work? YES/ NO</b>		
<b>Are you currently on leave without pay YES/ NO or Long Service Leave YES/ NO from your current employer?</b>		

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**SECTION B- PRE-EXISTING INJURY/ DISEASE DECLARATION**

Corryong Health is committed to protecting the health, safety and well-being of all employees. To achieve this, the Agency 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 the Workplace Injury Rehabilitation and Compensation Act 2013 (WIRC Act)

I \_\_\_\_\_ (name of applicant) declare that:

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

**OR**

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

*(list injuries and/or diseases):*

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

Do you agree to the following:

To undergo a medical fitness test YES/NO

Corryong Health requesting confidential report from nominated previous employer YES/ NO

Corryong Health requesting a confidential report from nominated current employer YES/NO

Comments:

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You will be asked for details of nominated persons if reports are required

Furthermore, if appointed I agree:

- To abide by the By-Laws, Policies and Procedures of Corryong Health as determined by Government and its Departments, the Board of Management and the Chief Executive
- 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 may be required to work in any area under the jurisdiction of Corryong Health as negotiated within my position description.

**I acknowledge that any non-disclosure or false or misleading information on my part may result in the Workplace Injury Rehabilitation and Compensation Act 2013 (WIRC Act) being applied. This would disentitle me or my dependents receiving benefits relating to any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease which I may have.**

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

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_