



Hill View
House

APPLICATION FOR EMPLOYMENT

POSITION SOUGHT: _____ Application DATE: _____

STATUS SOUGHT: *Part Time* or *Casual* (Please Circle)

SURNAME: _____ CHRISTIAN NAMES: _____

PHONE HOME: _____ PHONE MOBILE: _____

ADDRESS: _____ DATE OF BIRTH: _____

_____ SUBURB: _____ P/CODE: _____

HEALTH

- Do you suffer from any ailment or disability or are you required to take regular medication which may:
 - Affect work performance **Yes No**
 - Affect your attendance at work **Yes No**

Whilst we are an EEO employer, we have an obligation to allocate suitable duties to employees.

- Are you aware/do you have any knowledge of any pre-existing medical condition or injury which might act as an impediment to your performance in this position sought either now or later in your employment? **Yes No**
If yes please provide details: _____

EDUCATION/QUALIFICATIONS (Copies of highest qualifications should be attached)

	INSTITUTION	STANDARD ATTAINED	YEAR
Tertiary:			
Certificates/Diplomas			

EMPLOYMENT HISTORY (Detail Present or Last Position Held First)

EMPLOYER	POSITION HELD	FROM/TO	REASON FOR LEAVING

REFERENCES (Specify details of persons prepared to give verbal reference in relation to previous work undertaken)

NAME	TITLE	ORGANISATION	PHONE

- Documented evidence of hours worked in relation to field of work **Yes No N/A**

Languages spoken other than English:

- Are you an Australian citizen? **Yes No** If you answered no to either of these questions, please complete all questions below.
- Are you legally entitled to work in Australia? **Yes No**

PLEASE COMPLETE AND SIGN NEXT PAGE



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<ul style="list-style-type: none"> • Permission to fax “AUTHORITY TO OBTAIN DETAILS OF WORK RIGHTS STATUS FROM DIMA” to Department of Immigration and Multicultural Affairs? Yes No N/A 	<ul style="list-style-type: none"> • Copy of Citizenship Certificate on file Yes No
<ul style="list-style-type: none"> • Do you have a current police check? (Circle) Yes No • If yes, original to be sighted, copied and copy noted with ‘Original sighted’, date and signature. • If no, police check to be obtained by staff member prior to commencing work. 	
<ul style="list-style-type: none"> • Have you ever lived overseas? (Circle) Yes No • If yes, Statutory Declaration to be completed and witnessed by a Registered Nurse and submitted to Hill View House. 	
<ul style="list-style-type: none"> • I acknowledge that the deliberate giving of false information, with respect to any of the above areas, shall lead to dismissal and I consent to obtaining any information required from my employment history in accordance with the Privacy Policy and Employee Records Statement. I have read the ‘Collection Statement’ contained in this application and consent to this. <p>APPLICANT’S SIGNATURE: _____ DATE: _____</p>	

OFFICE USE ONLY

1. Position: _____ 	6. Successful @ Interview Unsuccessful @ Interview (Date Unsuccessful Letter Sent: _____) 	11. Status: FT / PT / CAS Number of Hours Guaranteed: _____
2. Application reviewed by: _____ 	7. Date Position Accepted: _____ 	12. Date Letter of Offer /AWA Sent: _____
3. Interview:: Yes No If NO : Unsuccessful Letter Date Posted: _____ 	8. Commencement Date: _____ 	13. Orientation Date: _____ (Placed on Calendar Yes No)
4. Interview Date: _____ (Placed on Calendar Yes No) 	9. Rate of Pay: \$ _____ 	14. Buddy Shift: Date: _____ Time: _____ Buddy: _____
5. Interviewers: _____ (Placed on Calendar Yes No) 	10. Classification Level: _____ (Refer AWA for Classification Levels 	Notes:



Hill View House

STAFF AVAILABILITY FORM

Name: _____

Position: _____ Home Ph: _____

Date Form Completed: _____ Mobile Ph: _____

Preferred hours to be called between: _____

Please complete this form to enable us to ensure the rostering process is meeting staff needs. We will endeavour to fulfil your requests, however it may not be possible immediately.

Are you prepared to work at (*Please tick*):

Ashmore

Merrimac

Do you have experience working in a Dementia Specific Unit? Yes No

Do you want to work in the Dementia Specific Unit? Yes No

Day	Morning	Afternoon	Night	NA	Notes
WEEK ONE					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
WEEK TWO					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Admin Use Only

Buddy Shift: _____

Start Date: _____ FT / PT / CAS

If FT or PT, Hrs Guaranteed: _____ Student: Yes / No