

APPLICATION FOR EMPLOYMENT FORM

APPLICATION FOR EMPLOYMENT			
Position:		Date of Application:	

PERSONAL DETAILS			
First Name:		Surname:	
Preferred Name:		Gender:	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
Phone Number (H): (M):		Address:	
Email Address:		<input type="radio"/> Indigenous / Aboriginal <input type="radio"/> Torres Strait Islander	

EMERGENCY CONTACT DETAILS			
Emergency Contact: Person:		Relationship:	
Phone Number (H): (M):			

EMPLOYMENT HISTORY			
Employer:		From / To:	
Employer:		From / To:	
Employer:		From / To:	
Employer:		From / To:	
Employer:		From / To:	

QUALIFICATIONS	
Qualification:	
Qualification:	
Qualification:	
Qualification:	
Qualification:	

REFERENCES

At least ONE reference must be former or current employer

Reference Name:		Contact Number:	
Reference Name:		Contact Number:	
Reference Name:		Contact Number:	

SKILLS AND EXPERIENCE

Please list skills and experience applicable to position

MEDICAL CONDITIONS OR PREVIOUS INJURIES:

Please list any medical conditions or previous injuries that may impact or restrict your work performance

Do you have or willing to obtain a Criminal Record Check: (Note: All employment is subject to satisfactory CRC)

Yes / No

Have you ever been convicted of a criminal offence (or currently facing criminal charges)

 Yes / No
 If yes please provide details:

Do you have current flu vaccination or willing to obtain (Note: legislative requirement for all persons entering the facility must show a current flu vaccination record) – Please attach a copy of current vaccination

Yes / No

Current AHPRA Details (For Registered and Enrolled Nurses)

AHPRA Number:

Restrictions / Notations:

Name:	
Signature:	