

# APPLICATION FOR EMPLOYMENT

## VISION STATEMENT:

To provide excellence in Aged Care Services & Community Care Services  
guided by the Catholic ethos.



<b>POSITION APPLIED FOR</b>	
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SURNAME			
Given Name/s			
Address including postcode			
Telephone contact details	(H)	(W)	(M)
Email address			
Australian Citizenship	<input type="checkbox"/> YES	<input type="checkbox"/> No – Visa or Work Permit number (attach copy)	
Current clean Drivers Licence held?	<input type="checkbox"/> YES - Licence Number and Expiry Date (attach copy)		<input type="checkbox"/> No
Have you been employed by CROWLEY previously?	<input type="checkbox"/> Yes – (position and approx length of service)		<input type="checkbox"/> No
RN/EN Current Practising Certificate No (attach copy)			Expiry Date

*NB: Nursing applicants must provide proof of previous hours of experience to enable appropriate rates of pay to be determined. (attach proof)*

EDUCATION, TRAINING, QUALIFICATIONS (School, University, TAFE etc) (attach copy)			
Qualifications	Institution/Organisation	Subject Areas	Year Awarded

EMPLOYMENT HISTORY - please list current position first				
Employer	Contact Phone	Dates Employed	Position	Reason for leaving

List 3 persons you have worked for and from whom we can obtain a telephone reference:

Name	Position and Organisation	Phone number

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C R O W L E Y

Details of other relevant TRAINING, SKILLS and/or WORK EXPERIENCE

- Are you willing to undertake a medical/physical examination?  Y  N
- Are you willing for us to contact your previous employers as referees?  Y  N
- Are you legally entitled to work in Australia?  Y  N
- Are you willing to work weekends?  Y  N
- Are you willing to work shifts?  Y  N

Do you have a physical restriction which would prevent you from carrying out the functions of the role you have applied for? If so please give details.  Y  N


Are you the subject of any criminal charge(s) currently pending before a Court, or have you been the subject of criminal conviction(s) or finding(s) of guilt before a Court which are not "pardoned, quashed or spent convictions" under legislation? (If Yes please provide details)  Y  N


Why do you wish to apply for the position and why should you be selected for the position?


I have completed a Statutory Declaration that has been witnessed and signed by a registered JP.  Y  N

**APPLICANT DECLARATION:**

I confirm that the above information is to the best of my knowledge true and correct. I understand my employment is subject to a favourable criminal history check. I accept and fully understand that if I have provided information which is untrue or if I have failed to provide important information, I may be subject to disciplinary action or termination if I am already employed.

SIGNATURE	Date
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**OFFICE USE ONLY - (To be completed by Manager if applicant is successful)**

Service/Location:..... Commencement Date:.....

Position: .....  Replacement  Addition

Category: CSE, RN, EN, AIN, HCW – other: .....; Grade: .....

Casual  PPT – min hrs  PPT ..... hrs per f/n  FT  Contract- .....hrs per f/n

*I certify that I have seen the following documents and/or certificates (where applicable) and verify their currency at the time this application was made.*

Registered Nurse Certificate  Enrolled Nurse Certificate

Drivers Licence  Other .....

SIGNATURE	Date
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