

APPLICATION FOR EMPLOYMENT

VISION STATEMENT:

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



POSITION APPLIED FOR	
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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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