|  |
| --- |
| NCCCA Logo |
| **NORTHERN COALFIELDS COMMUNITY CARE ASSOCIATION LIMITED** |
|  |
| **APPLICATION FOR EMPLOYMENT** |

|  |  |
| --- | --- |
| **POSITION APPLIED FOR** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | |
| Name: |  | | |
| Address: |  | | |
| Home Phone: |  | Mobile Phone: |  |
| Email: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **ELIGIBILITY FOR EMPLOYMENT** | | | |
| *You will need to provide evidence of your birth or that you are able to work legally in Australia.* | | | |
| Are you an Australian Citizen? | Yes | No | If **yes**, you will need to attach a copy of your Australian Birth Certificate. |
| If **no**, are you authorised to work in Australia and consent to NCCCA conducting a Visa Entitlement Verification Online (VEVO) inquiry at [www.border.gov.au](http://www.immigration.gov.au) ? | Yes | No | If **yes**, you will need to attach a copy of your visa and passport. If **no**, unfortunately we will be unable to assist you further. |

|  |  |  |
| --- | --- | --- |
| **VACCINATION** | | |
| *All applicants for positions with NCCCA are required to provide evidence of an up to date influenza and COVID-19 vaccination. Evidence can be in the form of a record from a health practitioner or an immunisation history statement available from Medicare. For employees who for a genuine medical reason, are unable to access the influenza vaccine, we will require you to provide written evidence of this from your GP.* | | |
| Have you attached a copy of your up to date influenza vaccination? | Yes | No |
| Have you attached a copy of your up to date COVID-19 vaccination/s? | Yes | No |

|  |  |  |
| --- | --- | --- |
| **NATIONAL CRIMINAL HISTORY** | | |
| *All applicants for positions with NCCCA are required under The Aged Care Act 1997 to undergo a national criminal history record check. In addition, all applicants must provide, a statutory declaration certifying that since the age of 16 years they have not been convicted of murder or sexual assault, or convicted of, and/or sentenced to imprisonment for, any other form of assault.* | | |
| Have you attached a copy of your police check? | Yes | No |
| Have you ever been a resident of a country other than Australia? | Yes | No |
| If yes, are you willing to sign a statutory declaration as detailed above? | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| **WORK AVAILABILITY** | | | |
| What type of work are you available for? | Full-time | Part-time | Casual |
| If part time or casual, how many days and/or hours per week are you looking for? | |  | Days per week |
|  | Hours per week |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WORK AVAILABILITY** | | | | |
| *Please indicate your availability by ticking the relevant boxes below.* | | | | |
| **Availability** | **Day** | **Afternoon** | **Night** | **Specific Times** |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **EDUCATION AND QUALIFICATIONS** | | |
| *Please list any appropriate education (secondary, tertiary etc) professional or trade qualifications that are relevant to the position that you are applying for. Please attach copies.* | | |
| **Qualification** | **Institution** | **Year Completed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMPLOYMENT HISTORY** | | | | |
| *To maximise your opportunity for employment , we encourage you to prepare a covering letter setting out the reasons you are interested in employment with NCCCA, how you meet the job requirements and why you would be a valuable addition to our team. An up to date resume/curriculum vitae should also be attached. If you do not have a resume/curriculum vitae please complete the table below.* | | | | |
| **Employer** | **Position Held** | **Date Started** | **Date Finished** | **Reason for Leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LICENCES** | | | | |
| *Please list & provide copies of any licences held that are relevant to the position you are applying for.* | | | | |
| **Licence Type:** |  | | | |
| **Licence Number:** |  | | **Licence Expiry Date:** |  |
| **Special Conditions:** | Yes | No | If **yes**, please specify: |  |

|  |  |  |
| --- | --- | --- |
| **WORK HEALTH AND SAFETY** | | |
| To assist NCCCA comply with our obligations to ensure a safe workplace and in order to determine whether you can safely and adequately perform the requirements of the role you have applied for, to the best of your knowledge, do you have any injuries and/or conditions that would prevent or restrict you from undertaking the duties of the role? | Yes | No |
| If **yes**, what measures could be taken to accommodate your injuries and/or condition/s so that you could perform the inherent requirements of the role. | | |
| Are you willing to undertake a medical examination? | Yes | No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REFEREES** | | | | | |
| *Please provide details of two (2) of your most recent supervisors who have agreed to be referees and who can be contacted by phone or email. If you have not worked before, personal references will be considered.* | | | | | |
| **Referee 1** | This person was my supervisor | | | Yes | No |
| Name |  | | | | |
| Position held |  | | | | |
| Organisation |  | | | | |
| Phone |  | Mobile |  | | |
| Email |  | | | | |
| **Referee 2** | This person was my supervisor | | | Yes | No |
| Name |  | | | | |
| Position held |  | | | | |
| Organisation |  | | | | |
| Phone |  | Mobile |  | | |
| Email |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DECLARATION** | | | | |
| I understand that any false or misleading information given in this application, whether in writing or during an interview, may be reason for my employment, if I am appointed, to be terminated. | | | Yes | No |
| I declare that to the best of my knowledge the information provided in or in relation to this application, is true and correct. | | | Yes | No |
| Applicant’s signature |  | Date: |  | |