



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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you attached a copy of your up-to-date COVID-19 vaccination/s?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been a resident of a country other than Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are you willing to sign a statutory declaration as detailed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

AGED CARE BANNING ORDER

Have you ever been investigated by the Aged Care Quality and Safety Commission?

 Yes No

Do you have an Aged Care Banning Order against you?

 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please specify:

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

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name			
Position held			
Organisation			
Phone		Mobile	
Email			
Referee 2	This person was my supervisor	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

