

 Form Number: D16/01201 Review Date: 10/05/2016

**Employment Application Form**

**CatholicCare Canberra & Goulburn**

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| Position applied for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How did you find out about this position(please tick)[ ]  CatholicCare Website [ ]  SEEK Website[ ]  Canberra Times[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **SECTION 1 – YOUR DETAILS**  |
| Full Name: |  |
| Address: |  |
|  | Post Code: |
| Phone Number: |  | Mobile Number: |
| E-mail Address: |
| Do you have a current driving licence? [ ] Yes [ ]  No |
| **SECTION 2 – EMPLOYMENT DETAILS** |
| Have you previously been employed at CatholicCare?  |
| If answered yes, please advise when, where and the reason for leaving:  |
| Are you an Australian Citizen? [ ] Yes [ ]  No  | If not, do you have a work visa? [ ] Yes [ ]  No |
| Please specify the status and expiry date of your work visa:Please note that you will be required to provide proof of your residency status (Visa and Passport) if you are successful through the interview process. Providing this information authorises the Department of Immigration and Citizenship to release the details of your work rights status. This allows CatholicCare to ensure we comply with Australian Visa requirements and enables you to be rostered appropriately according to your Visa type. |
| What hours does your Visa allow you to work per week? | [ ]  0 – 10 | [ ]  11 – 20 | [ ]  21 - 30 | [ ]  31 + |
| Is CatholicCare your only place of work | [ ] Yes [ ]  No |
| If no, please provide details i.e. place of work, role and hours of work. |  |
| Are you currently in possession of a Working with Vulnerable People Card? | [ ] Yes [ ]  No |
| If required are you willing to undergo a Working with Vulnerable People check? | [ ] Yes [ ]  No |
| Are you currently in possession of a Working with Children Card? | [ ] Yes [ ]  No |
| If required are you willing to undergo a Working with Children Check? | [ ] Yes [ ]  No |
| Are you willing to undergo a National Criminal History Record check? | [ ] Yes [ ]  No |
| **If you answer no to any of the above questions this may result in your application being withdrawn.** |
| **SECTION 3 – CURRENT QUALIFICATIONS** |
| **Qualification Title** | **Institution/Training Provider** | **Year Completed** |
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|  |  |  |
| Are you currently undertaking study/training? [ ]  Yes [ ]  No |
| Course Program/Name: |
|  [ ]  Full Time  | [ ]  Part Time | [ ]  Distance | [ ]  Other |
| **SECTION 4 – PREVIOUS EMPLOYMENT** |
| Please list your employment history, if applicable. (This may include voluntary employment) |
| **Position** | **Employer** | **Dates Employed** | **Reason for Leaving** |
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|  |  |  |  |
|  |  |  |  |
| **SECTION 5 – REFEREE DETAILS** |
| Please list the details of two referees who can be contacted to provide employment references. Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential. |
| Do you agree to have referees contacted in relation to this application? [ ] Yes [ ]  No |
|  | **Referee 1** | **Referee 2** |
| Referee Name: |  |  |
| Relationship with Referee: |  |  |
| Organisation: |  |  |
| Referee Position: |  |  |
| Referee telephone number: |  |  |
| Referee email address: |  |  |
| **SECTION 6 – DISCLOSURE OF PRE-EXISTING INJURY OR ILLNESS** |
| Do you have any pre-existing injury or illness which may impact on your ability to safely perform the inherent requirements of the position for which you have applied?  |   [ ]  Yes [ ]  No |
| If the answer to the above question is “yes,” then please disclose details of how the illness or injury might affect your ability to safely perform the role(s) including any previous or current workers compensation claims (eg. In relation to lifting or carrying weights, bending, pulling, twisting, standing or sitting etc.) |  |
| If required, do you consent to have a pre-employment medical examination to determine your capacity to safely perform the inherent requirements of the position for which you have applied?  |   [ ]  Yes [ ]  No |
| **SECTION 7 – PRIVACY STATEMENT** |
| Personal information collected via this application will only be used by CatholicCare Canberra & Goulburn.The information you submit to us may be disclosed to referees, our team members who are involved in recruitment or support roles, security organisations, recruitment agencies and other third parties who assist us in the recruitment process.If you choose not to provide any of the information requested, we may be unable to send you information, fully process your application or properly consider you for employment.Any information we collect about you in future will be used and disclosed in the same manner as described above unless we tell you otherwise in advance. You may request access to personal information about you that is held by us. **Consent and Warranty**I consent to CatholicCare using and disclosing my personal information in the manner described above. **I warrant that:*** I have read and understand the above statement.
* I am qualified to work in Australia, and if requested, can provide evidence of the fact (birth certificate, citizenship certificate, photo ID and/or working Visa, as appropriate)
* All the information I submit (including this form and any attached resume) is true and complete. I understand that any false or misleading information I provide may lead to rejection of my application, review of any employment I accept with CatholicCare and potentially my dismissal from such employment.
* I have disclosed all relevant information in relation to my mental and physical ability to safely carry out the inherent requirements of the position(s) for which I have applied.

**Name:Signature:****Date:** |
| **CatholicCare staff use only:**

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| ☐ Yes, interview  | ☐ Not successful for interview |

 **Reason for decision:**  |