

# Algester/Bundaleer Lodge

## APPLICATION FOR EMPLOYMENT

<b>POSITION SOUGHT:</b> Registered Nurse <input type="checkbox"/> Assistant Nurse <input type="checkbox"/> Cook <input type="checkbox"/> Kitchen Hand <input type="checkbox"/> Tray Person <input type="checkbox"/> other <input type="checkbox"/> _____ <b>Location:</b> Algester Lodge <input type="checkbox"/> Bundaleer Lodge <input type="checkbox"/>				
<b>PERSONAL DETAILS</b>				
SURNAME:		CHRISTIAN NAMES:		
ADDRESS:		CONTACT TELEPHONE No: Mobile No: Email:		
DATE OF BIRTH:		Drivers Licence No:		
EMERGENCY CONTACT PERSON:		RELATIONSHIP (Optional):		
ADDRESS:		TELEPHONE No:		
HEALTH: Do you suffer from any ailment or disability or are you required to take regular medication which may:				
- Affect work performance		Yes/No: If yes give details:		
- Affect your attendance at work		Yes/No: If yes give details:		
Are you aware/do you have any knowledge of any pre-existing medical conditions or injury which might act as an impediment to your performance in this position sought either now or later in your employment Yes/No  If yes please give details: _____  Do you have any medical/physical disabilities , which may effect your work? Yes/No  If yes please give details: _____  If required do you agree to a pre medical inspection by a GP Yes/No  EMPLOYEE MADE AWARE OF SECTION 79 WORKERS COMPENSATION BOARD AND ASSISTANCE ACT 1981. Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for a disability, wilfully and falsely rpresented himself/herself as not having previously suffered from the disability, tthe Board may in its discretion refuse to award compensation which otherwise would be payable. I acknowledge completely that the deliberate giving of false information, with respect to any of the above areas, shall lead to dismissal				
Applicants Signature:		Date:		
<b>EDUCATION/QUALIFICATIONS (Certified copies of highest qualifications should be attached)</b>				
	INSTITUTION	STANDARD ATTAINED	YEAR	
SECONDARY:				
APPRENTICESHIP:				
TERTIARY:				
CERTIFICATES/DIPLOMAS:				
<b>EMPLOYMENT HISTORY (Detail Present or Last Position Held First)</b>				
EMPLOYER	POSITION HELD	FROM / TO	REASON FOR LEAVING	Verified by NCM/DON
BRIEF LIST OF EXPERIENCE:				

Briefly explain why you wish to work for our organization?

Briefly explain why you wish to work in the area of aged care?

**Availability for Work:**

**Assistant Nurse/Enrolled Nurse**

Morning shift	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Afternoon shift	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Night shift	Mon	Tues	Wed	Thur	Fri	Sat	Sun

**Registered Nurse**

Morning shift	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Afternoon shift	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Night shift	Mon	Tues	Wed	Thur	Fri	Sat	Sun

**Kitchen**

Morning shift	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Afternoon shift	Mon	Tues	Wed	Thur	Fri	Sat	Sun

**REFERENCES**

(Attach copies of written references)

Specify details of persons prepared to give verbal reference:

NAME:	TITLE:	TELEPHONE No:

Have you ever completed a first aid course? Yes/No Date:

Have you worked for this organization previously? Yes/No If yes from date \_\_\_\_\_ to date \_\_\_\_\_

I acknowledge completely that the deliberate giving of false information, with respect to any of the above areas, shall lead to dismissal

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registered Nurse Certificate Held	Training School	Training Period	Certificate Number
--------------------------------------	-----------------	-----------------	--------------------

Certificate of Registration Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
 Annual Licence Fee Receipt Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**Previous Continuous Nursing Service**

It is the responsibility of all applicants to provide proof of previous years of experience to enable the appropriate rate of pay to be determined. This proof must be provided prior to engagement.

**Certificate to be signed on engagement**

I hereby accept employment at Bundaleer Lodge/Algester Lodge commencing on \_\_\_\_\_ as a \_\_\_\_\_

I acknowledge my status as a permanent employee will be confirmed after a trial period of \_\_\_\_\_ Weeks

I acknowledge completely that the deliberate giving of false information, with respect to any of the above areas, shall lead to dismissal

**APPLICANTS SIGNATURE:**

**DATE:**

**OFFICE USE ONLY**

CLASSIFICATION \_\_\_\_\_ AWARD: \_\_\_\_\_

EMPLOYEE No: \_\_\_\_\_ UNION: \_\_\_\_\_

SALARY/WAGE RATE:

Tax Form Issued	{ }
Superannuation Issued	{ }
Uniforms Issued	{ }

Date Received \_\_\_\_\_

On Termination of Employment

Uniforms Returned Date: \_\_\_\_\_

Final Pay Received Date: \_\_\_\_\_

Last Shift Date: \_\_\_\_\_

Group Certificate Issued Date: \_\_\_\_\_

Record of Service: \_\_\_\_\_

Separation certificate Date: \_\_\_\_\_

Comments: