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| **application for employment**(Confidential) |
| **Date: / /** personal details**: (Please print clearly)**Position: EAR HEALTH SCREENER/ NURSE/ ADMIN & DRIVERLocation: KIMBERLEY REGION based in KununurraIf your application is successful, when are you available to start?  |
| Last name: |  |
| First names: |  |
| Title: (Mr / Mrs / Miss / Ms / Other) |
| Address: |
| Suburb: | State: | P/code |
| Postal (if different): |  |
| Phone: | (Home:) | (Mobile): |
| Email: |
| legal work status |
| Are you legally entitled to work in Australia? Yes / No (please circle) – if Yes, please go to next section.If you are not a permanent resident of Australia, do you have a current work permit? Yes (please attach copy of relevant Passport Visa page) / NoType of Work Visa: Expiry date of work permit: |
| health |
| Do you have any health problems or medical conditions which may stop or hinder you from carrying out the tasks and responsibilities of this job? This includes any past injuries that may affect your employment if they recurred. Yes / NoIf yes, please give details of injury or illness: Date of Accident(s) /Injury/ Illness:Have you made a previous Workers Compensation Claim? Yes/No (please circle)If Yes, please provide Name of the Employer and date of the Claim: |

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| work experience |
| Please list two previous jobs held, starting with your most recent employer. Continue on a separate sheet if necessary. |
| Name of last or present employer: |
| Address: |  |
| Your Position: |  |
| Employment dates  | From: To: |
| Manager/Supervisor’s name: |  |
| Main duties and responsibilities: |
| Reason for leaving: |  |
| Name of previous employer: |
| Address: |  |
| Position Held: |  |
| Employed From: | From: To: |
| Manager/Supervisor’s name: |  |
| Main duties and responsibilities: |
| Reason for leaving: |  |

## referees

Please provide details of three people we can contact for current/past work or character references

|  |  |
| --- | --- |
| Name of referee (work referee) |  |
| Company |  |
| Position of referee |  |
| Telephone contact |  |
|  |
| Name of referee (work referee) |  |
| Company |  |
| Position of referee |  |
| Telephone contact |  |
|  |
| Name of referee (character referee) |  |
| Company |  |
| Position of referee |  |
| Telephone contact |  |

I agree that Earbus Foundation can seek verbal or written information about me from referees and representatives of my current and previous employers. I authorize the information to be released by them so that Earbus Foundation can assess my suitability for the current job vacancy.

Yes / No

Signature: …………………………………………..

Date: …………………………………………………

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## declaration

I…………………………………………… (print full name) declare the information in this application and any supporting information to be accurate, complete and correct. I accept that should my application be successful; this information will be part of my employment agreement. I understand that any falsification or withholding of information may be grounds for dismissal.

Signature: …………………………………………..

Date: …………………………………………………

Should your application for employment be successful, you will need to supply your personal bank account number, Tax File number and emergency contact/next of kin details.