



APPLICATION FOR EMPLOYMENT

Position Applied For: Date of Application:

Type of Position: Fulltime Part-time Casual Availability to Commence:

| Availability (circle where applicable) | | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| AM/PM/Night | AM/PM/Night | AM/PM/Night | AM/PM/Night | AM/PM/Night | AM/PM/Night | AM/PM/Night |

PERSONAL INFORMATION

Surname: First Name:

Address: Postcode:

Home Telephone: Mobile:

Email: Date of Birth (optional):

If not an Australian Citizen, do you have residency status?: Yes No

Specify Visa Type: Expiry Date:

Have you work for the organization previously?: Yes No

If yes, position held and location:

Do you hold a National Police Clearance less than 6 months old?: Yes No

Have you even been convicted of any criminal offences in court?: Yes No

| EDUCATION AND REGISTRATIONS | | | |
|--|---------------------------|---------------------|-----------------------------|
| | School/College & Location | Duration of studies | Degree/Certificate obtained |
| Secondary | | | |
| Tertiary | | | |
| Professional | | | |
| Training Courses | | | |
| Other Trade Skills | | | |
| Registration Details: (If applicable) | | | |
| Registration Body | Registration Number | Date Registered | Expiry date |
| | | | |
| | | | |

| FOREIGN LANGUAGES | SPEAK | | | READ | | | WRITE | | |
|-------------------|--------|------|--------|--------|------|--------|--------|------|--------|
| | Slight | Fair | Fluent | Slight | Fair | Fluent | Slight | Fair | Fluent |
| | | | | | | | | | |
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EMPLOYMENT HISTORY

If you have a current, up-to-date resume please attach to the application.

(List Current/Last position first and account for all unemployed time)

Current/Previous Position:.....
From:(Month & Year) To: (Month & Year)
Company Name & Address:
Telephone:.....
Name & Position of Supervisor:.....
Duties & Responsibilities:.....
.....
.....
May we contact? Yes No
Reason For Leaving:
.....
.....

Previous Position:
From:(Month & Year) To: (Month & Year)
Company Name & Address:
Telephone:.....
Name & Position of Supervisor:.....
Duties & Responsibilities:.....
.....
.....
May we contact? Yes No
Reason For Leaving:
.....
.....

Previous Position:
From:(Month & Year) To: (Month & Year)
Company Name & Address:
Telephone:.....
Name & Position of Supervisor:.....
Duties & Responsibilities:.....
.....
.....
May we contact? Yes No
Reason For Leaving:
.....
.....

Should you require further space please attach further information on
separate sheet of paper and attach to application.

ADDITIONAL INFORMATION

Please explain why you are applying for this position:

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What relevant skills and experience do you have that you believe will enable you to successfully carry out the duties and responsibilities of this position:

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Please provide your availability for interview and list any upcoming events or holidays planned:

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Please provide any additional information about yourself which you believe would support your application.

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.....

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Pre-employment Health Questionnaire

If you fail to disclose information about a pre-existing medical condition, or workers compensation claim, your claim may be pended as declined.

| No | Do you have or have you had any of the following conditions? If yes please provide further details in the table below. | Answer |
|-----|--|----------|
| 1. | Heart Disease, heart attack, angina or high blood pressure | Yes / No |
| 2. | Asthma, wheeze or lung disease | Yes / No |
| 3. | Abdominal ulcers or hernia | Yes / No |
| 4. | Frequent or regular migraine / headaches | Yes / No |
| 5. | Allergies or sinusitis | Yes / No |
| 6. | Eczema, dermatitis or other skin complaints | Yes / No |
| 7. | Anxiety, panic attacks or psychiatric illness including depression | Yes / No |
| 8. | Visual problems that cannot be corrected by prescription glasses | Yes / No |
| 9. | Ear conditions such as deafness or tinnitus | Yes / No |
| 10. | Blood borne viruses including Hep C or HIV | Yes / No |
| 11. | Immunosuppressed including receiving chemotherapy or long term steroid use | Yes / No |
| 12. | Have you ever been treated for drug or alcohol addiction | Yes / No |
| 13. | Diabetes | Yes / No |
| 14. | Previous back, neck or spinal injury including whiplash | Yes / No |
| 15. | Sciatica or disc protrusion | Yes / No |
| 16. | Back pain | Yes / No |
| 17. | Spinal operation | Yes / No |
| 18. | Arthritis / rheumatism | Yes / No |
| 19. | Hip / knee / ankle injury | Yes / No |
| 20. | Shoulder / elbow / wrist injury | Yes / No |
| 21. | Chronic joint injury including stiffness or pain | Yes / No |
| 22. | Shoulder or hip bursitis | Yes / No |
| 23. | RSI / Occupational overuse syndrome | Yes / No |
| 24. | Bleeding disorder | Yes / No |
| 25. | Muscle / tendon or ligament problem | Yes / No |
| 26. | Carpel tunnel syndrome | Yes / No |
| 27. | Epilepsy, fainting, fits, blackouts or dizzy spells | Yes / No |
| 28. | Any sporting, vehicle or work-related illness or injury | Yes / No |
| 29. | Have you ever been discharged or resigned from a job for medical reasons | Yes / No |
| 30. | Have you had an application for Superannuation, Life Insurance or similar rejected on medical grounds | Yes / No |
| 31. | Are you a smoker? If yes how many daily _____ | Yes / No |
| 32. | Have you worked in or been a patient in a hospital outside of Western Australia during the past 12 months | Yes / No |
| 33. | Have you been immunized against Tetanus | Yes / No |
| 34. | Have you been immunized against Hepatitis B | Yes / No |
| 35. | Have you ever been injured at work, suffered from a work related illness or submitted a Workers' Compensation or Insurance Commission of WA (ICWA), previously MVIT, claim | Yes / No |

Pre-employment Health Questionnaire Cont

For any questions above 1 – 35 answered yes, complete the table below. If you require more space than provided here, please continue on an additional sheet.

| No. | Duration and Dates of Condition | Current Status | Additional Info |
|-----|---------------------------------|----------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

- Do you believe you are fit and physically able to fulfil all the duties required in the role applied for?
Yes / No
If no, what modifications would be required?

.....

Declaration:

- I understand that Section 79 of the Workers' Compensation and Injury Management Act 1981 a dispute resolution body the discretion to refuse to award compensation which would otherwise be payable where it is proved that the employee has, at the time of seeking or entering employment in respect of which he/she claims compensation for a disability, willfully and falsely represented him/herself as not having previously suffered from the disability.
- I certify that the information in this application form is to the best of my knowledge and belief, true and accurate in every detail.
- I understand that Amaroo Care Services Inc reserves the right to verify all information on this application and I am fully aware that if I fail to disclose any relevant matter relating to my application and health, which renders me incapable of properly fulfilling the duties of the position, the employer may not employ me and if already employed by the employer, my employment may be summarily terminated.
- Your signature below indicates your written permission for Amaroo Care Services Inc to disclose your application information, if required, to other parties. Please indicate on this application form if you wish to object to this occurring.

Signature: Dated:

(if you are applying electronically, you will be required to sign a printout of this application should you proceed in the selection process)

| <i>Office Use Only</i> | |
|--------------------------------|---------------------------|
| <i>Date received:</i> | <i>Date Acknowledged:</i> |
| <i>Reviewed by:</i> | <i>Interview:</i> |
| <i>Date of Final Response:</i> | |

**WORKER
CONSENT TO RELEASE
WORKERS' COMPENSATION INFORMATION**

(Must be signed by the Worker)

| | |
|---|--|
| Section A | |
| I | Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> |
| Worker Surname (print) | _____ |
| Worker Given Name/s (print) | _____ |
| Other former or previous known name/s (print) | _____ |
| Date of Birth | _____ |
| Of (print address) | _____ |
| | Postcode _____ |

Hereby request and authorise WorkCover WA to release the details of any claims I have made under the Western Australian workers' compensation scheme to:

| | |
|----------------------|--|
| Section B | |
| Recipient's Name | Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> |
| Recipient's Position | _____ |
| Recipient's Company | _____ |
| Recipient's Address | _____ |
| | Postcode _____ |

Please send do not send me a copy of the information supplied to the person above.

| | | | |
|------------------------------------|-------|----------|-------|
| Section C | | | |
| Worker's Signature | _____ | Date | _____ |
| Witness' Signature (not recipient) | _____ | Date | _____ |
| Witness' Address | _____ | | |
| | | Postcode | _____ |

Please Forward to: Team Leader, Scheme Information Services
WorkCover WA
2 Bedbrook Place
SHENTON PARK WA 6008

Enquiries: (08) 9388 5555 Facsimile: (08) 9388 5550

