



APPLICATION FORM FOR EMPLOYMENT

First NameSurname Name:

Gender: Male ☐ Female (please circle)

Address:.....

Suburb.....StatePost Code

Tel No. Mob No.Email

Date of Birth Country of birth

Languages Spoken

Visa status in Australia (Attach copy)

Drivers Licence number (Attach copy)

Tax File Number:

Position you are applying for (please tick):

Registered Nurse	<input type="checkbox"/>
Enrolled Nurse	<input type="checkbox"/>
Personal Care Assistant	<input type="checkbox"/>
Home and Community Care Support Worker	<input type="checkbox"/>
Disability Support Worker	<input type="checkbox"/>
ECEA Educator (Cert III Qualified)	<input type="checkbox"/>
ECEA (Diploma Qualified)	<input type="checkbox"/>

Qualifications/Training

Qualification Name	Year Completed

Employment History (Attach a resume)

Employer Name	Dates (from/to)	Position Held	Reason for leaving

EMERGENCY CONTACT DETAILS

Name

Relationship to you

Address

Tel Mobile Fax

Name & Address of Doctor

Medicare Number

Other health cover Number

When can you start work?

Immediately..... † other (please specify)

WORKCOVER CONDITION NOTIFICATION

It is a requirement of the Accident Compensation Act, 1985 (Vic) that we keep a register of employees' pre-existing conditions (illness, injury or disability). If you have a condition which is exacerbated during your employment, which you knew about and which you should reasonably have known may be exacerbated by or during your employment with HRC, your entitlements to compensation for exacerbation may be compromised if you have not informed us of the condition.

Have you had or do you have any conditions (illness, injury or disability) which may be adversely affected by or during your employment with HRC?

Yes [] No [] (please tick)

If Yes please specify;

.....
.....
.....
.....

Name.....Sign:.....

Date:.....

Have you had or do you have any condition (illness, injury or disability) which may impact upon your ability to perform your employment duties or which may need appropriate equipment or modifications to enable you to perform your employment duties with HRC?

Yes [] No [] (please tick)

If Yes, please specify including (if applicable) any requirements, modifications and/or equipment;

.....
.....
.....

Name.....Sign:.....

Date:.....

DECLARATION

I hereby declare that all the information I have provided in this application is true and correct. I have read and understood the position description and have discussed my employment with Harmony Recruitment Centre. I understand the responsibilities and physical demands of the employment.

I acknowledge that I am required to disclose all pre-existing conditions which I believe may be affected by me undertaking the employment. Failure to do this may disentitle me or my dependants from receiving any workers' compensation benefits relating to any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing condition which I may have arising out of or in the course of the employment.

I understand that my employment with Harmony Recruitment Centre is only guaranteed based on my conduct, performance and availability of work. Harmony Recruitment Centre may terminate my employment without notice if any information I give is incorrect and false.

Name.....Sign:.....

Date:.....

SUPPORTING DOCUMENTS

Please attach the following documents

1. Current resume
2. Relevant Certificates or Qualifications
3. Current Level 2 First Aid
4. Anaphylaxis management
5. Asthma Management
6. Working with Children's Check
7. Current police check (not more than 6 months)
8. Drivers Licence

Office use only:

Received by..... Date.....

Interview Date..... Commencement Date: