



Dale Cottages (Inc) – J E Murray Home
 Administration: 16 Deerness Way. Armadale WA 6112
 Telephone 94973200 – Fax 93995394
 Email info@dalecottages.org

APPLICATION FOR EMPLOYMENT

Position Applied For:.....	Date of Application...../...../.....
Type of Position: Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/>	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:.....

Have you worked for our organisation 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 ever 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

LANGUAGES USED	SPEAK			READ			WRITE		
	Slight	Fair	Fluent	Little	Fair	Well	Little	Fair	Well
ENGLISH									

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:
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Telephone:.....

Name & Position of Supervisor:.....

Duties & Responsibilities:.....
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May we contact? Yes No

Reason For Leaving:
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.....

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:
.....
.....
.....

PreviousPosition:.....

From: (Month & Year) To: (Month & Year)

Company Name & Address:

.....
.....

Telephone:.....

Name & Position of Supervisor:.....

Duties &Responsibilities:.....

.....
.....

May we contact? Yes No

Reason For Leaving:

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

PreviousPosition:.....

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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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.

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING CONDITIONS? IF YES PLEASE PROVIDE FURTHER DETAILS IN THE TABLE BELOW.

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

Pre-employment Health Questionnaire Continued.

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 Information

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?

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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, wilfully 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 Dale Cottages 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 Dale Cottages 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:..... Date...../...../.....

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

Office Use Only	
Date received:	Date Acknowledged:
Reviewed by:	Interview:
Date of final response:	