

HR4001 – Application for Employment

This form should be used for all applications of employment to the Australian Nursing Home Foundation Limited.

Section A: Application Details

Position:				Facility / Department:			
Preferred Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual/Temporary							
Availability to Work (Please tick ✓ as appropriate)							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Full Day							
Morning							
Afternoon							
Night							

Section B: Applicant Details

Title:	Surname:	Given Name/s:
Home Address:		
Suburb:		State: P/ Code:
Home Phone:		Work: Mobile:
Email:		
Qualifications: <i>(Please attach certified copies of all qualifications and certificates of attainment)</i>		
Course and Institute:		Year Obtained:
Employment History:		
Most Recent Position:		
Company:		
Period:	Employment Status <i>(please circle as appropriate)</i> Full Time / Part Time / Casual / Temporary	
Second Most Recent Position:		
Company:		
Period:	Employment Status <i>(please circle as appropriate)</i> Full Time / Part Time / Casual / Temporary	
Right to work in Australia:		



Are you an Australian Citizen / Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No", do you have a legal right to work in Australia <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please specify: Visa Type _____ Class _____ Sub Class _____	
(Note: To be eligible for employment, applicants must have the appropriate work visa or have permanent residency status.)	
Please attach a copy of your Passport / Citizenship Certificate / Birth Certificate and Driver License.	
Do you have any pre-existing injury/disease of which you are aware or that you could reasonably foresee, that could be affected by the nature of the duties and responsibilities of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a brief description (or attach separately): _____ _____	
Do you have any relatives, friends or know anyone who has worked or is working at ANHF? <input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ If yes, please provide the name of the person(s) you know: _____	
Do you have a police record within the last three years that may preclude you from working in the aged care industry? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide brief details: _____ _____	
Do you hold a valid Driver's Licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referees: (These referees should have been your immediate supervisor in your past or existing role)	
Referee 1 Name:	Relationship:
Position:	Company:
Contact Details:	
Referee 2 Name:	Relationship:
Position:	Company:
Contact Details:	

Applicant Declaration: (Only fully completed applications will be considered)

<input type="checkbox"/> I declare that all information provided in this application is true and correct. I understand that any misrepresentation of facts in this application could be cause for termination if employed. I Agree to keep ANHF updated on all matters related to my employment application, or during my employment relationship with ANHF.		
<input type="checkbox"/> I understand that part of the application procedure may involve a medical examination by a medical officer nominated by the Australian Nursing Home Foundation Limited. I authorise the disclosure of the results of this examination to Australian Nursing Home Foundation Limited.		
<input type="checkbox"/> I understand that I may need to provide a police clearance.		
<input type="checkbox"/> I give consent to any reference checks which may be necessary to support this application.		
<input type="checkbox"/> I give consent for Australian Nursing Home Foundation Limited to conduct VEVO checks which may be necessary to validate my legal work rights in Australia.		
_____ Applicant name	_____ Signature	_____ Date

Privacy Statement:

All personal information that is provided to Australian Nursing Home Foundation Ltd within this form is confidential and will only be used and disclosed by us for the purpose of dealing with you in the course of your employment, with your consent or as required by law.

Please return the completed form to HR or email to hr@anhf.org.au.

