



APPLICATION FOR EMPLOYMENT

Position Applied For: _____

Employment Status: Full-time Part time Casual

Advertised: Seek Bendigo Advertiser Age Midland Express Website

Personal Details:

Mr Miss Mrs Ms Dr Surname _____

First Name _____ Second Name _____

Preferred Name _____ Previous Surname _____

Date of Birth (optional) _____ Gender M F

Residential Address _____ Postcode _____

Postal Address _____ Postcode _____
(If different to above)

Home Phone _____ Work Phone _____ Mobile _____

Email _____ Home Fax _____

Are you a permanent Australian resident? Yes No

Nationality (optional) _____

Drivers Licence Number _____ Expiry Date _____

To your knowledge, have you any medical condition which would impede your ability to undertake the essential components of the position you are applying for? Yes No
If yes, please provide brief description:

For employees with patient contact – Applicants are requested to provide evidence or undergo vaccinations prior to employment. A Staff Immunisation Questionnaire will be issued upon commencement.

In Case of Emergency Notify:

Name _____ Relationship _____

Address: _____

Home Phone _____ Work Phone _____ Mobile _____

Professional Registration:

Please provide your registration/identification number, name of relevant association and expiry date:

Number _____ Expires _____

Organisation (eg. AHPRA) _____

Educational and Training Achievements:

List name of Degree, Diploma, Course, Qualification, Accreditation, etc.

1. _____ Date Completed _____

2. _____ Date Completed _____

3. _____ Date Completed _____

4. _____ Date Completed _____

5. _____ Date Completed _____

6. _____ Date Completed _____

Employment History

Please list last three employers with most recent or current first:

Employer _____ Position _____

Date From _____ Date To _____

Brief Details of Duties _____

Reason for position change _____

Employer _____ Position _____

Date From _____ Date To _____

Brief Details of Duties _____

Reason for position change _____

Employer _____ Position _____

Date From _____ Date To _____

Brief Details of Duties _____

Reason for position change _____

Are you currently employed? Yes No

If Yes Full time Part time Casual Contract

PROFESSIONAL REFEREES

Please provide former/current supervisors and/or managers only

Name _____ Title _____

Organisation _____ Phone _____

Name _____ Title _____

Organisation _____ Phone _____

PERSONAL INTERESTS (Optional)

What do you enjoy doing out of hours? _____

What are your best attributes?

Have you previously been employed at Castlemaine Health? Yes No

Are you currently employed in the Victorian Public Sector and eligible to transfer entitlements? Yes No

If yes, what was your commencement date in the Victorian Public Sector? _____

NOTE: Castlemaine Health will recognise prior service however, employees are required to have any LSL entitlement paid out by their previous employer prior to commencement. Any employee wishing to transfer an entitlement must discuss this with the Human Resources Department prior to appointment.

Are you a recipient of a redundancy benefit from a Public Sector organisation? Yes No If yes, state organisation and date _____

Castlemaine Health is committed to the principles of Workplace Diversity and encourages applications from people from different backgrounds, experiences and perspectives. Providing the following information is optional.

Please indicate which (if any) of the following groups apply to you.

An Aboriginal or Torres Strait Islander

From a non-English speaking background

A person with a disability

Do you speak a second language? Yes No Please state _____

Are you willing to be listed as an interpreter for emergency situations? Yes No

Privacy

Castlemaine Health is committed to ensuring personal information is used in accordance with Privacy Legislation. We will keep applications on file for a maximum period of 6 months.

If unsuccessful would you like your application held on file for consideration in the event of future vacancies in line with your experience? Yes No

Criminal Background Check

I acknowledge that if successful in gaining a position at Castlemaine Health, a Police Check will be completed by the Hospital at my expense and will be deducted from my first pay. I may also be required to provide a Working With Children check if the position involves working with children on a regular basis.

Please note: If you have a current Police Check (dated no longer than 6 months prior to commencement), the original document must be presented to the Human Resources Department prior to commencement for verification.

Declaration

The information in this form along with any subsequent testing is being collected for the purposes of assessing your application for employment and will be viewed by the Human Resources Department and relevant managers within Castlemaine Health.

I acknowledge that I may be required to undergo a Working With Children check or obtain a medical clearance as part of the recruitment process.

If employed, I hereby agree to comply with my conditions of employment, lawful and reasonable instructions that I may receive and by the policies and procedures of Castlemaine Health as amended from time to time.

I recognise that employment with this organisation will require my participation in training and development and accept I will be required to attend training, some of which may be in my own time.

I agree that Castlemaine Health may make any enquiries of previous employers, referees and insurers, etc. with regard to this application, as they may require and that this information is confidential between Castlemaine Health and the third party.

In making this application for employment, I declare that all the answers given above are true to the best of my knowledge. I understand clearly that I shall render myself liable to discipline or dismissal if I knowingly provide any false or misleading information.

Signature of Applicant _____ Date _____

To complete your application please attach a covering letter, response to selection criteria and resume and forward to:

Human Resources Department
Castlemaine Health
PO Box 50
CASTLEMAINE VIC 3450



PRE-EXISTING INJURY OR DISEASE DISCLOSURE STATEMENT

Castlemaine Health is committed to providing a safe working environment for all employees. As part of this it is our objective to ensure potential employees are not required to work in duties that they are not able to perform safely. As part of the application process for employment with Castlemaine Health we request you to disclose any pre-existing injury or disease which may be adversely affected by the performance of the inherent requirements of the position you have applied for – as described in the attached Position Description.

Pursuant to S.82(7) and (8) of the Accident Compensation Act, you are required to disclose to Castlemaine Health any pre-existing injury or disease that you have suffered of which you are aware, and could reasonably be expected to foresee, could be affected by the nature of this proposed employment.

Failure to make a disclosure, or the making of a false or misleading disclosure, would disentitle you to compensation pursuant to the Accident Compensation Act should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of your pre-existing injury or disease arising out of, or in the course of, or due to the nature of employment with Castlemaine Health. Castlemaine Health will rely upon any failure to disclose in accordance with the provisions of the Accident Compensation Act as grounds for denying compensation in accordance with S.82 (7) and (8).

Should any alteration, change or rearrangement be necessary to enable you to effectively carry out the inherent requirements of the position, we also request that you disclose these requirements.

Castlemaine Health is an equal opportunity employer and will arrange any reasonable adjustment to enable a person with a disability to perform the inherent requirements of the position and therefore compete equally with other applicants for this position.

Please disclose in the space below any pre-existing injuries or diseases that you suffer from, or have suffered from, which could be affected by the nature of your proposed employment with Castlemaine Health (attach a separate page if necessary).

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DISCLOSURE ADVICE - (to be completed by the applicant)

I confirm that I have read and understood the contents of the above information and state that I have disclosed all relevant information in relation to my health and physical ability to carry out the inherent requirements of this position.

Signature of Applicant _____ **Date:** __ / __ / __