



Application for Employment

1. Position Details

Position Title:		Date of Application:	
Type:	<input type="checkbox"/> Full-time <input type="checkbox"/> Casual <input type="checkbox"/> Any	Jobs that I would like to be considered for (if applicable):	
	<input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	<input type="checkbox"/> Social Emotional Wellbeing <input type="checkbox"/> Safe House Worker <input type="checkbox"/> Admin	<input type="checkbox"/> Tackling Smoking Team <input type="checkbox"/> Transport Officer <input type="checkbox"/> Other: _____

2. Personal Details

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (Optional):
First Name:	Surname:	
Postal Address:		
Mobile Phone:	Home Phone:	Work Phone:
Email Address:	Would you like to be added to the MHS employment mailing list?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Driver's Licence(s) Held:	Expiry: (DD/MM/YY)	Do you expect it to remain valid for the foreseeable future? <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Citizenship/Demographic

What is your place of birth?			
Is English your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	First Language: _____	
Are you of Aboriginal/Torres Strait Island descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you an Australian Citizen?	<input type="checkbox"/> Yes (go to section 4) <input type="checkbox"/> No		
If "NO" where do you hold citizenship?			
If "NO" do you have permanent Australian residency status?	<input type="checkbox"/> Yes (go to section 4) <input type="checkbox"/> No		
Please provide details of your visa (Note: You will be asked to provide a copy of your visa)	<input type="checkbox"/> Holiday <input type="checkbox"/> Student <input type="checkbox"/> 457 <input type="checkbox"/> Other _____		
	Expiry Date:	Visa Number:	
Does your visa place any work restrictions on you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details/Restriction: _____	

4. Education and Qualification (if relevant/ required, a copy of the qualification must be submitted prior to commencement)

Highest level of education completed:			
Qualification/Degree	Institution	Graduation Date	Expiry Date

5. Employment History

Employment History (Start with your current or most recent employment OR attach current resume)				
Start Date	End Date	Company Name	Position	Reason for Leaving

6. Referees

Please enter details to contact referees from previous work and/or a personal referee
By completing this section, you are giving permission for the Mawarnkarra to contact these referees to provide information relevant to your application.

Referee Name, Position, Organisation	Working Relationship with You	Telephone Contact Details Ph: Mob:
		Email Contact Details
Referee Name, Position, Organisation	Working Relationship with You	Telephone Contact Details Ph: Mob:
		Email Contact Details

7. Health

Important Notice

Please note that under Section 79 of the Workers' Compensation and Rehabilitation Act, wilful and false representation regarding a previous disability may preclude the payment of future compensation.

Given the role for which you have applied, and having read/heard the Position Description, are there any physical or psychological concerns that could stop you from doing the job safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please explain		
Are you taking regular medication, prescribed or otherwise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please explain		

8. Worker's Compensation Claims

A previous Workers' Compensation claim is **not** a barrier to the consideration of an application for employment. This information assists us to provide a duty of care, not to aggravate an existing injury.

Have you ever made a claim for Workers' Compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please give details: Dates:	Is claim closed?	
Type of Injury:	Duration of Worker's Comp	

9. Police Clearance Certificate

Employment is subject to a satisfactory National Police Clearance Certificate issued no more than 6 months ago.

A Criminal record does **not** necessarily disqualify an applicant. We only consider information related to the job for which you are applying. If rejection of your application is considered solely because of a criminal record, you will be given the opportunity to discuss the matter fully and confidentially with a senior member of staff before a decision is made.

Do you have any convictions for any offences from any court or are you currently the subject of any charge pending before any court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prepared to produce a National Police Clearance Certificate within a month of accepting an offer of employment with Mawarnkarra?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Working with Children Check

All Applicants applying for roles with Mawarnkarra Health Service are required to hold a current Working with Children Check OR be able to apply for one if offered a position within the organization.

NOTE: It is a mandatory requirement to hold a Working with Children Check for the entirety of your employment with Mawarnkarra Health Service.

Current Working with Children Check attached and agreed to maintain while employed with Mawarnkarra Health Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Application submitted
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11. Market Research

How did you hear about this role?	<input type="checkbox"/> * <input type="checkbox"/> T P <input type="checkbox"/> Other: _____	<input type="checkbox"/> SEEK <input type="checkbox"/> MHS Clinic Reception
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12. Declaration

I declare that the statements I have made and the information I have given are true to the best of my knowledge and belief. I have not withheld any relevant information required by this application, or made any false or misleading representation. I acknowledge that if I have knowingly or wilfully given false or misleading information or have withheld any information, it could result in 1) rejection of my application; 2) legal proceedings against me; or 3) dismissal after appointment.

I understand that appointment to the Mawarnkarra Health Service is conditional upon production of proof of identity, proof of residency status, and a current satisfactory National Police Clearance & Working with Children Check.

Signature: _____ Date: _____

Thank you for taking the time to complete this application.