

Application for Employment

This form is to be completed by all applicants Please read carefully and complete each section

Position applied for:
Applicants must attach a resume outlining their employment history and relevant qualifications
<p>Additional information in relation to Yea & District Memorial Hospital (YDMH) Employment Policy:</p> <p>Visa Status - The visa status of an individual may impact on the conditions of employment to be offered. As there are a number of different working visas it is essential that non-permanent residents indicate their visa status on their application for employment.</p> <p>Referees – At least three reference checks may be conducted before an offer of employment is made. The referees must be recent and ideally include the applicant’s current employer.</p> <p>Physical / Medical – YDMH is committed to providing a safe work environment for all employees. To support the hospital to provide the best work environment applicants should provide details of anything that may affect their ability to perform their duties.</p> <p>Recruitment Procedure – YDMH is an equal opportunity employer. All appointments are based on merit and equity.</p> <p>Confidentiality – All information collected will be managed in accordance with state and federal privacy laws. YDMH reserves the right to check details contained in this application, however no approach will be made to your current employer without your permission.</p>

Contact Details	
Given Name:	Surname:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other (please specify):	
Home Address:	
Suburb/Town:	Postcode:
Work Telephone:	Home Telephone:
Mobile:	Email:
Mailing Address (if different from above)	
Suburb/Town:	Postcode:
Are you of Aboriginal or Torres Strait Islander decent? <input type="checkbox"/> Yes <input type="checkbox"/> No Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>	
Language spoken at home:	

Emergency Contact Details (please provide 2)		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Are you a permanent resident of Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, do you have a visa to work in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Visa Type:	Passport Number:	Expiry Date:

Mandatory Screening Check	
All employees of YDMH must provide a valid police or NDIS check (dependent on your work area)	
Failure to provide will preclude you from employment.	
PC Number:	Expiry Date:
NDIS Number:	Expiry Date:
I am able to apply for a Police or NDIS Record Check: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Referees: Please state the names and contact details of 3 professional referees (non-relations)

Name:	Company:
Position:	Telephone:

Name:	Company:
Position:	Telephone:

Name:	Company:
Position:	Telephone:

Physical / Medical: Please read the following and provide the relevant information

You have been provided with information about the position and the duties involved. YDMH must ensure that you can perform the position safely. Also, as an equal opportunity employer the hospital must be aware of any training or specific services / facilities you would need to undertake the position.

Do you have a medical condition that may affect your work duties: Yes No

If yes, please provide details - include:

- Any relevant medical condition or incapacity
- Any specific training needs
- Any specific facilities you may need

Note: Failure to disclose a medical condition or incapacity that may affect your ability to perform the position, or might affect your safety / the safety of others, may be grounds for denying a future claim for compensation under the Accident Compensation Act.

Declaration:

I certify that, to the best of my knowledge, the above information is correct. As a condition of employment, I agree to comply with YDMH policies and procedures and to fulfill my obligations under state and federal law.

Name:	Signature:	Date:
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Office Use Only:

Job Offer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Commencement:	Base Rate FN:	
Area:	Cost Centre:	Hours FN:	
Employment Status:	Classification Code:	ADO:	
Allowances:			
Review Dates:	Probation:	Increment:	Leave:

Authorised:

Name:	Delegation:	Date:
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