

Return to:
"Employment Application"
 St Giles Society PO Box 416 Launceston Tasmania 7250

APPLICATION FOR EMPLOYMENT

POSITION DETAILS

POSITION APPLIED FOR: _____

SERVICE AREA: _____

LOCATION: _____

HAVE YOU PREVIOUSLY BEEN OR ARE YOU CURRENTLY EMPLOYED BY ST.GILES SOCIETY? (If yes please give details)

PERSONAL DETAILS

Mr Ms Other _____ FAMILY NAME: _____
Please Specify

GIVEN NAMES: _____ ADDRESS: _____

POST CODE: _____

PHONE: Home: _____ Mobile: _____ Date of Birth: _____

EMAIL: _____

1. Are you an Australian Citizen Yes No State the period the Temporary Visa/ Work Permit is valid.
(if No, proceed to question 2) (a copy is required)

2. Have you been granted Permanent Residency? Yes No Visa/Work Permit Valid From: ____ / ____ / ____ to ____ / ____ / ____
(If No, proceed to question 3) Visa Number: _____

3. Have you been granted a temporary Visa/ Work Permit? Yes No
*Please note; if you are not an Australian Citizen or have not been granted Permanent Residency or a Temporary Visa/Work Permit, then unfortunately we are unable to accept your application until evidence of your eligibility to work in Australia can be provided.

EDUCATION / QUALIFICATIONS

Please list any tertiary qualifications and/or special skills, training or courses currently being undertaken or completed.

YEAR FROM -TO	NAME OF SCHOOL OR TRAINING INSTITUTION	STANDARD ATTAINED OR QUALIFICATION

APPLICATION FOR EMPLOYMENT

OTHER RELEVANT QUALIFICATIONS OR CERTIFICATES (Please attach copies)

EMPLOYMENT HISTORY

Please start with your present or most recent employment and work backwards.

EMPLOYER	DATES		POSITION	REASON FOR LEAVING
	FROM	TO		

REFEREES

Please give the name, address and telephone number of two work related Referees who have supervised you. One Referee must be from your most recent place of work.

1.	2.
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CONVICTIONS

In keeping with St Giles Policy a current Police Record check of Convictions is a requirement for employment. A criminal conviction does not automatically exclude you from consideration for employment. Applicants who have a record of conviction are invited to discuss its relevance to the position being applied for with Human Resources.

1. Have you been convicted of any offences in any court, either within Tasmania, in another State or Territory, or in another Country?

Yes No If yes, please give details:
 Tasmania Other State Overseas

2. Are you currently the subject of a charge pending before a court? Yes No **If yes, please give details:**

APPLICATION FOR EMPLOYMENT

HEALTH

1. Would you be willing to attend a pre-employment medical examination? Yes No **If no, Please give reasons:**

2. Are you aware of any circumstances regarding your health which may interfere with the satisfactory discharge of the duties in relation to the position for which you are now applying? Yes No **If yes, please give details:**

3. Have you in the past or are you presently suffering any of the following:

Back injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	Knee and/or ankle injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shoulder and/or neck injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	Injury sustained from motor vehicle accident	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wrist and/or elbow injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	Injury sustained from sporting activities	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. If 'yes' to any of the above give details of the injury or illness, treatment obtained and current state of injury or illness.

DECLARATION

- I declare that all information provided in this application is true in all respects.
- I understand that any misrepresentation of facts in this application could be cause for termination, if employed.
- I consent to any reference checks, which may be necessary to support this application.
- I understand that employment with St Giles Society is conditional upon production of evidence regarding Australian Citizenship or Permanent Residency or Visa/Work Permit status, a satisfactory National Police Clearance and Traffic Convictions Certificate and pre-employment medical.

Applicants Signature:

Date:

Declared at: _____ in _____ (State)

On the _____ day of _____ 20____

Before me [Commissioner for Declarations](#) (eg Justice of the Peace, Teacher, Medical Practitioner)

Signature _____ Name _____
(please print)

PROOF OF IDENTIFICATION (to be completed by Commissioner for Declarations)

Identification document(s) sighted _____
(eg Drivers licence, passport, photo identification)

Reference Number of Identification document _____

I have examined an original document for _____ and I am satisfied that this is their true
identity. (name of person making the declaration)

Signature _____ Name _____
(please print)

Occupation _____ Contact _____