St Giles, ARC Support Services and ASELCC (known as the Organisation hereinafter) welcomes your application for employment and require all applicants to attach their resume, in order for their application to be considered.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant’s Full Name |  |  | Resume attached |  |
| Email Address |  | Contact Number |  |  |
| Position Applied For |  | Location |  |  |
|  |  |  |  |  |

**Employment Screening Requirements**

Please Note: The Organisation supports vulnerable people and is committed to ensuring that the rights of participants are respected and upheld in an ethical manner, at all times. This includes the right to dignity and respect, and to live free from abuse, exploitation and violence.

It is a requirement of NDIS Quality & Safeguards Commission that all employees undertake the Worker Orientation Module ‘Quality, Safety and You’ and provide evidence of its completion. The Organisation encourages all applicants, if they haven’t already, to complete the module if you are interested in working in the disability and community services sector. To access the module, please visit; <https://www.ndiscommission.gov.au/workers/training-course>

Further to this, all successful candidates will be asked to submit their;

* Current Tasmanian Drivers License
* Current Tasmanian Working with Vulnerable People (WWVP) Card
* National Police Check (that has been obtained within the last 3 months)

1. Have you previously been or are currently employed by St Giles? Yes  No  *If yes, please provide details.*

|  |
| --- |
|  |
|  |

**Residency**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2. | Are you an Australian Citizen? | Yes |  | No |  | *If No, proceed to Question 3.* |  |
| 3. | Have you been granted Permanent Residency? | Yes |  | No |  | *If No, proceed to Question 4.* |  |
| 4. | Have you been granted a temporary Visa or Work Permit? | Yes |  | No |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Visa/ Work Permit Valid From | / / | To | / / |  |
| Visa Number |  | | |  |
| *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.*  **Health**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 5. | Do you have any pre-existing health conditions that will affect your ability to perform the inherent requirements of the position you have applied for? | Yes |  | No |  | *If Yes, please provide details.* | | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | |  | | 6. | Would you be willing to attend a pre-employment medical? | Yes |  | No |  |  | | |  | | | | | |

**Convictions**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 7. | 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 provide details.* |  |
|  | Tasmania  Other State or Territory  Overseas | | | | | |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 8. | Are you currently the subject of a charge pending before a court? | Yes |  | No |  | *If Yes, please provide details.* |  |

|  |
| --- |
|  |
|  |

**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. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant’s Signature |  | | | | | Date | |  | | | | |  |
| Declared At |  | | | | | In | |  | | | | |  |
|  |  | | | | |  | | (State) | | | | |  |
| On The |  | | | Day of |  | | | | | 20 | |  |  |
| Before me Commissioner for Declarations (e.g. Justice of the Peace, Teacher, Medical Practitioner) | | | | | | | | | | | | | |
| Name of Commissioner of Declarations | |  | Signature | | | |  | | Date | |  | |  |
|  | | (Please Print) |  | | | |  | |  | |  | |  |

**Proof of Identification** (*to be completed by Commissioner for Declarations)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identification Documents Sighted |  | | |  |
| (e.g. Driver’s 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 the Person Making the Declaration) |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Signature |  |  |
|  | (Please Print) |  |  |  |
| Occupation |  | Contact |  |  |

|  |  |  |
| --- | --- | --- |
| **Please return the completed Application for Employment, to;** | | |
| St Giles Society Ltd  65 Amy Road  Newstead TAS 7250 | St Giles Society Ltd  11A Gant Street  Lenah Valley TAS 7008 | Society Ltd  Suite 5 / 10 Marine Terrace  Burnie TAS 7320 |