

APPLICATION FOR EMPLOYMENT

Applicant Details:	
Title:	<input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other
Full Name:	
Residential Address:	
State:	Postcode:
Postal Address:	
State:	
Mobile:	Email Address:

How did you find out about the position?		Position Applying for:
<input type="checkbox"/> Seek	<input type="checkbox"/> The Western Star	
<input type="checkbox"/> Facebook	<input type="checkbox"/> Word of month	
<input type="checkbox"/> Other:		

Would You Be Interested In Other Roles with Pinaroo Roma Inc: Yes/No (Please Circle)		
<input type="checkbox"/> Administration	<input type="checkbox"/> Personal Carer	<input type="checkbox"/> Catering
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Nursing	<input type="checkbox"/> Domestic

VACCINATION HISTORY	
Disease	Date of Vaccination
Influenza	

VACCINATION HISTORY				
Disease	1 st Dose Date	2 nd Dose Date	3 rd Dose Date (Booster)	4 th Dose Date
Covid-19				

Do you have a current First Aid Certificate? (Please Circle)	Yes/No
Expiry Date	

Have you completed a CPR course? (Please Circle)	Yes/No
Expiry Date	

For Nursing Applications:		
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Certificate of Registration No:		Date Issued:	
Annual Licence Fee Receipt No:		Date Issued:	

Previous Continuous Nursing Service:

It is the responsibility of all applicants to provide proof of previous years of experience to enable the appropriate rate of pay to be determined. This proof must be provided prior to engagement.

Do you have a known health condition which would prevent you from competently and efficiently carrying out the duties of this position in a manner, which is safe to yourself, the residents, you're fellow employees and the public generally. If yes, please provide further information:

NOTE: It is the responsibility of all employees to maintain a health status that allows them to competently and effectively carry out the duties of the position.

I fully understand that any false, misleading or incomplete information stated by me in this application may lead to instant dismissal if employed by Pinaroo Roma Inc.

Signature:	Date of application:
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	Please Circle
Are you eligible to work in Australia?	Yes/No
Are you a permanent – resident/citizen?	Yes/No
If not, what type of Visa do you have?	
List Special conditions:	
Copy of Visa Supplied?	Yes/No
Do you have any previous or pending Workers Compensation Claims?	Yes/No
If yes, please provide further information:	
Do you have any outstanding charges against your Driver Licence that would cause it to be disqualified either now or in the future?	Yes/No
Is there any known medical reason that would prevent you from undertaking the physical requirements of the position?	Yes/No
If yes, please provide further information:	
Do you agree to Pinaroo conducting a Criminal History Check which may be required for the position?	Yes/No
Do you have any criminal history that is likely to be found during a Criminal History Check?	Yes/No
If yes, please provide further information:	

APPLICATION DECLARATION:

I have read and accepted the conditions outlined on this application. I fully understand that any false, misleading or incomplete information stated by me in this application may lead to disciplinary action, which could result in dismissal if employed by Pinaroo.

I understand that I am to provide relevant criminal disclosure pre-employment and/or as they occur should I be employed. All precluding and subsequent criminal offenses will be assessed based on the Aged Care Police Certificate Guidelines as set out by the Department of Health and may result in my termination.

I certify that the information stated in this application is true and correct in all detail.

Signature:	Date of Application:
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