



Application for Employment

HRFO 2.1.5

An Equal Employment Opportunity Employer

You must complete all fields and all spaces as required

Title of position applied for:
Department/Facility:

Please note: A separate application form must be completed for each position

Section 1 PERSONAL DETAILS	Dr / Mr / Mrs / Miss / Ms (Please circle)
Surname:	Given names:
Other names: (if applicable)	Date of birth: Town & country of birth:
Telephone: (home) (mobile)	Telephone: (work)
Residential address: _____ _____ Postcode: _____	
Email address: _____	

Section 2	
Have you been employed before by a NSW Public Hospital or a NSW Statutory Authority If yes, please provide details under Section 4 on page 3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an Australian Citizen or Permanent Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do you hold a current work permit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have family/relative(s) working at Carrington If yes, please give name(s) of relative(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously worked for or applied for a position at Carrington?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details (dates and position)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3. EDUCATION	
1. SECONDARY (High School)	
Highest Qualification:	Year Taken
School:	

Languages: Please list below languages spoken or written fluently (other than English).

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Would you like to be assessed on your "non-English" languages ability and use these language skills if required for communicating with non-English speaking people.

Yes No

Section 5 HEALTH AND EMPLOYMENT

Applicants are asked to complete all of the Health and Employment Declaration. The information is necessary in order to assess each applicant's suitability for employment. This information is confidential.

Do you have an active workers' compensation claim lodged? Yes No

Do you have a disability arising from a workers' compensation claim? Yes No

Are you aware of any circumstances regarding your health which may interfere with the satisfactory discharge of the duties of the position for which you are now applying? Yes No

If yes to any of the above questions, please give details:

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Do you agree to the following

- To undergo a medical examination? Yes No

Section 6 EMPLOYMENT CHECKS

Have you ever been convicted of a criminal offence? Yes No

Have you ever been convicted of a sexual offence? Yes No

Have you any conviction of a violent offence in the last 10 years? Yes No

If yes to any of the above questions, please give details:

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Do you agree to the following

- Undergo an Australian Federal Police Check Yes No
- Complete a Prohibited Employment Declaration (Working with children check) Yes No

Section 7 NOMINATED REFEREES

Please provide names and addresses of three people who may be contacted to provide information regarding your work performance.

Name:	Name:	Name:
Position:	Position:	Position:
Relationship:	Relationship:	Relationship:
Employer:	Employer:	Employer:
Phone:	Phone:	Phone:

Applicant's Statement: I understand and agree:

1. That the terms and conditions of my employment will be in accordance with the appropriate Industrial Award or Agreement & By-Laws of Carrington.
2. That any statement on this form which is found to deliberately misleading will make me, if employed, liable to dismissal.
3. To undergo a medical examination.
4. I understand that Carrington will conduct a criminal record check upon my appointment and on a 3-yearly basis.

Signature:

Date: