



EMPLOYMENT APPLICATION FORM

POSITION APPLIED FOR: _____ DATE: ___/___/___

A: PERSONAL DETAILS

Title: _____(Mr/Mrs/Miss/Ms/Dr/Other)

Surname: _____ First Name: _____

Preferred name: _____ Date of Birth: ___/___/___

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Mobile number: _____ Email: _____

Language(s) spoken (other than English): _____

Are you of Indigenous Australian and/or Torres Strait Islander origin? **YES OR NO**

B: ABOUT YOU

How did you hear about this Job Advertisement?

Hobbies

Interests

Select 3 of the following which best describes you?

Professional Attitude

Strong Work Ethic

Willingness to Learn

Previous Experience with Disability

Attentive

Enjoys Listening to Others

Enjoys Socialising and Talking

C: RIGHT TO WORK IN AUSTRALIA

Do you have the right to work in Australia? **YES OR NO**

Do you have any work restrictions/conditions? **YES OR NO**

If Yes, please submit a copy of your working conditions Visa with this application and list the work restrictions/conditions below):

Alkira has an agreement with the Department of Immigration and Citizenship to check working conditions of Visas. Do you give permission for Alkira to conduct a check on your working rights and conditions?

YES OR NO

D: SAFETY CHECKS

1. NDIS WORKER SCREENING CHECK:

It is mandatory that applicants undergo a NDIS Worker Screening Check before employment.

Do you have a NDIS Worker Screening Check? **YES OR NO**

2. INTERNATIONAL POLICE CHECKS:

It is mandatory that applicants who have resided overseas for more than 12 months in the last ten years undergo an International Police Check.

Have you lived in an overseas country for more than 12 months in the last 10 years?

YES OR NO

If Yes, which country/countries? _____

3. WORKING WITH CHILDREN CHECK:

It is Alkira policy that all applicants undergo a Working with Children Check before employment.

Do you have a current Working with Children Check for Employment?
(required for community supports)

YES OR NO

If your application is successful, you will be required to obtain a Working with Children Check <https://www.workingwithchildren.vic.gov.au/> This is at your expense, but you will be reimbursed.

4. DRIVER'S LICENCE & VICROADS DRIVER DEMERIT POINT HISTORY REPORT:

Do you have a current Victorian Driver's Licence?

YES OR NO

Do you have any demerit points accumulated against your Driver's Licence in the last 3 years?

YES OR NO

If Yes, please advise the number of penalty points currently accumulated against your Licence in the last 3 years: _____

If your application is successful, you will be required to obtain a [Vic Roads Driver history report](#). You can apply for this on line or in person at a VicRoads Centre. **This is at your expense, but you will be reimbursed.**

Do you have any special conditions applied to your Licence? If yes, please specify below:

5. CURRENT FIRST AID & CPR TRAINING:

Do you have current first aid training? **YES OR NO**

Expiry:

Do you have current CPR training? **YES OR NO**

Expiry: _____

E: WORK AVAILABILITY

For Community Support and Home Support positions, what days and hours are you available to work?

Working Days:	Work Hours:	
	From	To
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		
<input type="checkbox"/> Saturday		
<input type="checkbox"/> Sunday		

1. Tenure – what type of work are you looking for?

Permanent Full time Permanent Part-time Casual

2. Are you required to give notice for a current employer? **YES OR NO**

3. When are you available to start? Date: _____

4. If applying for a part-time or casual position, do you work for another employer?

YES OR NO

5. If yes, please advise Alkira for OH&S/COVID19 purposes.

6. Do you have any holidays planned in the next year?

YES OR NO

If yes, dates: _____

F: QUALIFICATIONS/TRAINING

1. Are you currently studying? **YES OR NO**

2. If yes, what are you studying and when will your studies be completed?

Course Name: _____

Completion Date: _____

3. Do you have a USI number (Unique Student Identifier)? USI: _____

4. Do you hold a volunteer position that may impact your ability to work? For example CFA volunteer

YES OR NO

Please advise Alkira for OH&S/COVID19 purposes.

5. Have you completed a Certificate IV in Disability?

YES or NO or CURRENTLY UNDERTAKING or INTERESTED IN UNDERTAKING

6. Please outline your qualifications, and/or any special licences (e.g. Forklift Licence, etc) below:

G: HEALTH AND SAFETY

1. Are you able to fulfil the inherent requirements of the position you are applying for?

YES OR NO

2. If required, I consent to a medical examination to determine my capacity to safely perform the inherent requirements of the position I am applying?

YES OR NO

PRE-EXISTING INJURY DECLARATION FORM

In accordance with s.1.1.4.5 of the *Workplace Injury Rehabilitation and Compensation Act 2013 (WIRC Act)*, you are required to disclose any or all pre-existing injuries, illnesses or diseases (pre-existing conditions) suffered by you which could be accelerated, exacerbated, aggravated or caused to recur or deteriorate by you performing the responsibilities associated with the employment for which you are applying with the Company (“the employment”).

In making this disclosure, please refer to the attached Job Description, which includes a list of responsibilities and physical demands associated with the employment.

Where you have a pre-existing condition, consideration will be given to reasonable modification to the environment or tasks if at all possible or practicable.

Please note that, if you fail to disclose this information or if you provide false and misleading information in relation to this issue, under s.1.1.4.5 of the WIRC Act you and your dependents may not be entitled to any form of workers’ compensation as a result of the recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing condition arising out of, in the course of, or due to the nature of your employment.

Please also note that the giving of false information in relation to your application for employment with the Employer may constitute grounds for disciplinary action including termination of your contract.

EMPLOYEE DECLARATION

I, _____, declare that:

- I have read and understood this form and the attached Job Description, and have discussed the employment with the Company. I understand the responsibilities and physical demands of the employment.
- I acknowledge that I am required to disclose all pre-existing conditions which I believe may be affected by me undertaking the employment.
- I acknowledge that failure to disclose this information or providing false and misleading information may result in invoking section 1.1.4.5 of the *Workplace Injury Rehabilitation and Compensation Act 2013 (WIRC Act)*, which may disentitle me or my dependents from receiving any workers’ compensation benefits relating to any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing condition which I may have arising out of, in the course of, the employment.

Do you have injuries, illnesses or diseases (pre-existing conditions) which could be accelerated, exacerbated, aggravated or caused to recur or deteriorate by you performing the responsibilities associated with the employment for example, chemical or other allergies, hay fever, asthma, back injury etc.?

(Please tick) **YES** **NO**

If **YES**, please give details:
(If you need more space, please attach a separate sheet.)

2. Have you previously made any Workers' Compensation claims?

(Please tick) **YES** **NO**

If **YES**, please give details:

YEAR	NATURE OF INJURY	MEDICAL CLEARANCE TO RETURN TO WORK OBTAINED? Yes/No	CURRENT RESTRICTIONS

I acknowledge and declare that the information provided in this form is true and correct in every particular.

.....
Employee Signature

.....
Name of employee

.....
Witness Signature

.....
Name of witness

Date:

Additional Comments/ Requisite Modifications *(to be completed by Manager)*