



## APPLICATION FORM

Position Applied For (if known):	Date of Application: ___/___/___
Available to Commence: ___/___/___	Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Personal Details

Surname:	First Name/s:
Address:  Postcode:	Date of Birth:  Driver's Licence/Passport No.:
Home Phone:	Mobile Phone:
Email: <i>(Please print clearly)</i>	

Do you have transport to your employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to do shift work and weekend work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously had any WorkCover claims? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Qualifications & Training

Please list any nursing qualifications / courses completed.



## Employment History

**Current/Previous Position:**

\_\_\_\_\_

From: \_\_\_\_\_ (Month & Year) To: \_\_\_\_\_ (Month & Year)

Company Name: \_\_\_\_\_

Reason For Leaving:

\_\_\_\_\_

**Current/Previous Position:**

\_\_\_\_\_

From: \_\_\_\_\_ (Month & Year) To: \_\_\_\_\_ (Month & Year)

Company Name: \_\_\_\_\_

Reason For Leaving:

\_\_\_\_\_

**Current/Previous Position:**

\_\_\_\_\_

From: \_\_\_\_\_ (Month & Year) To: \_\_\_\_\_ (Month & Year)

Company Name: \_\_\_\_\_

Reason For Leaving:

\_\_\_\_\_



## Availability

Do you have any holidays booked/time required off over the next 12 months?

Do you have any past or current medical condition which may affect your performance in the role applied for, or which may be aggravated or worsened by the duties of the role?  Yes  No

If yes, please describe in detail:

## Referees

*Please give the names of two referees*

Most Recent Employer/Company	Previous Employer/Company
Name	Name
Position	Position
Daytime tel. no:	Daytime tel. no:
Relationship	Relationship

## Privacy

The information requested on this application for employment is necessary to ensure a fair and thorough evaluation of all applicants with Mt Kooyong Nursing Home. Personal information contained within this form shall be available only to employees and managers of the company with direct involvement in the recruitment process. You may update or access your application information at any time by contacting the the Director, Max Fergusson. Your application form will be kept in the Administration Centre. If you are not successful with your application, after 3 months it will be destroyed.



## Conditions of Employment

I hereby affirm that all information given by me in this application for employment is true and correct and that I have not knowingly withheld any circumstances or facts that would, if disclosed, affect my application. I understand that if considered for employment, the information provided in this application and my employment and personal history may be subject to investigation by Mt Kooyong Nursing Home and I hereby authorise such an investigation to be made. If employed, I understand that I shall be subject to the company's regulations. I further affirm my understanding that in the event I am employed by the company, my employment or any assignment during said employment shall be for the convenience of the company, shall be governed by applicable Australian law and Company policy.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Our Contact Details

Mt Kooyong Nursing Home  
62 Mt Kooyong Road  
Julatten  
Queensland 4871

Phone: +61 7 4094 1279

Facsimile: +61 7 4094 1378

Email: [admin@mtkooyong.com.au](mailto:admin@mtkooyong.com.au)

## Office Use Only

Practicing certificate checked:	<b>Yes / No</b>	<u>Has this applicant</u>	
Receipt current:	<b>Yes / No</b>	Received employment package:	<b>Yes / No</b>
Employment history checked:	<b>Yes / No</b>	Received the staff handbook:	<b>Yes / No</b>
References checked:	<b>Yes / No</b>	Toured the facility:	<b>Yes / No</b>
Police certificate supplied:	<b>Yes / No</b>		