

*Alphington Aged Care*  
**EMPLOYMENT APPLICATION**

**POSITION SOUGHT**

All information, along with any personal information collected by way of reference checks in relation to this application, shall be treated in the strictest confidence.

**PERSONAL DETAILS**

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Street Address \_\_\_\_\_ Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Postal Address \_\_\_\_\_ Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Are you a permanent resident of Australia? \_\_\_\_\_ If not specify visa type \_\_\_\_\_

Passport number \_\_\_\_\_ Citizen of \_\_\_\_\_ (Copy required if offered position)

Police Record. Do you have a current Police Check Certificate? \_\_\_\_\_ (Need to sight original if offered position)

Emergency contact person \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

**SECONDARY EDUCATION**

School	Standard Attained	Year Completed

**UNIVERSITY/TERTIARY/APPRENTICESHIP**

Institution	Qualification	Year Completed

**PRE EMPLOYMENT MEDICAL QUESTIONNAIRE**

Please answer the following questions in relation to your health and medical history. Please be aware that failure to notify or hiding a pre-existing injury or illness which might be affected by the nature of the proposed employment could result in that injury or illness being ineligible for future compensation claims.

Have you lost time from work in the last 12 months due to illness or injury? \_\_\_\_\_

Do you have any known allergies? If yes, please state the allergies and any medication you take for them. \_\_\_\_\_

Have you ever made a worker's compensation claim or disability claim? If yes, how long ago? Please provide details \_\_\_\_\_

## *Alphington Aged Care*

Are you a smoker? \_\_\_\_\_

Do you have or have you ever had any of the following? Answer yes or no. If yes, provide further comments in the section provided below.

Condition	Yes or No
Asthma, bronchitis, or any other respiratory conditions	
Heart disease, heart attack or blood pressure problems	
Infections such as Malaria, tuberculosis or typhoid	
Arthritis	
Bone or joint problems	
Any joint, muscle, tendon or ligament problems	
Any repetitive strain type injury	
Back complaint or back injury	
Any skin conditions	
Hepatitis	
HIV	
Diabetes, thyroid or gland problems	
Epilepsy, fainting, fits blackouts or dizzy spells	
Vision problems that cannot be corrected by glasses	
Ear conditions including hearing loss, deafness and tinnitus	
Mental or psychiatric problems, depression	

For any of the questions that you have answered with yes, please provide details of the condition and current status.

Condition	Current status

Do you have any medical conditions that may impact your ability to safely carry out the tasks required in the position? YES/NO If YES please provide details.

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY** – please detail present or last position held first.

Employer	Position held	Period employed	Reason for leaving

**REFERENCES** – please specify details of persons who would be prepared to give a verbal reference.

Name	Title/Occupation	Telephone Number

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_