

CENTRAL BAYSIDE COMMUNITY HEALTH SERVICE PRE-EMPLOYMENT APPLICATION FORM

PERSONAL HISTORY				
Surname		Other Names		
Address				
Suburb		State	Post Code	Telephone No.
Position Applied For				
EDUCATIONAL HISTORY please attached certified copies of Qualifications				
Highest Qualifications achieved				
DATE	QUALIFICATION	INSTITUTION		
Trade or Other Qualifications please attach certified copies				
EMPLOYMENT HISTORY: Please list your CURRENT position and your FOUR previous positions				
ORGANISATION	POSITION	DATE FROM	DATE TO	REASON FOR LEAVING
REFEREES: Please give (if possible) the name of your immediate Supervisor/Manager in your last three positions				
NAME	RELATIONSHIP TO YOU	ORGANISATION	BUSINESS PHONE NO.	
1.			()	
2.			()	
3.			()	
EQUAL EMPLOYMENT OPPORTUNITY				
Do you require any special assistance or support in the workplace i.e special or modified equipment? If YES please specify:				Yes <input type="checkbox"/> No <input type="checkbox"/>
ENTITLEMENT FOR EMPLOYMENT				
Are you an Australian Citizen for Taxation purposes?				Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER LICENCE (if applicable to position applied for) Do you have a current Victorian Driver Licence? If YES do any special conditions apply to your licence? If YES please specify				Yes <input type="checkbox"/> No <input type="checkbox"/>
HEALTH AND SAFETY				
1) Are you able to fulfil the inherent requirements of this position?				<input type="checkbox"/> Yes <input type="checkbox"/> 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 for.				<input type="checkbox"/> Yes <input type="checkbox"/> No
POLICE CHECK If required, I consent to a Police Check				Yes <input type="checkbox"/> No <input type="checkbox"/>

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PRE-EXISTING INJURY OR DISEASE DISCLOSURE STATEMENT

Central Bayside Community Health Service (CBCHS) is committed to providing a safe working environment for all employees. As part of this it is our objective to ensure potential employees are not required to work in duties that they are not able to perform safely. As part of the application process for employment with **CBCHS** we request you to disclose any pre-existing injury or disease which may be adversely affected by the performance of the inherent requirements of the position you have applied for – as described in the attached Position Description.

Pursuant to S.82(7) and (8) of the *Accident Compensation Act*, you are required to disclose to **CBCHS** any pre-existing injury or disease that you have suffered of which you are aware, and could reasonably be expected to foresee, could be affected by the nature of this proposed employment.

Failure to make a disclosure, or the making of a false or misleading disclosure, would disentitle you to compensation pursuant to the *Accident Compensation Act* should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of your pre-existing injury or disease arising out of, or in the course of, or due to the nature of employment with **CBCHS**. **CBCHS** will rely upon any failure to disclose in accordance with the provisions of the *Accident Compensation Act* as grounds for denying compensation in accordance with S.82 (7) and (8).

Should any alteration, change or rearrangement be necessary to enable you to effectively carry out the inherent requirements of the position, we also request that you disclose these requirements.

CBCHS is an equal opportunity employer and will arrange any reasonable adjustment which would allow a person with a disability to perform the inherent requirements of the position and therefore compete equally with other applicants for the position.

DISCLOSURE ADVICE - (to be completed by the applicant)

Please disclose in the space below any pre-existing injuries or diseases that you suffer from, or have suffered from, which could be affected by the nature of your proposed employment with **CBCHS** (attach a separate page if necessary).

.....

I confirm that I have read and understood the contents of the above information and state that I have disclosed all relevant information in relation to my health and physical ability to carry out the inherent requirements of this position.

Signature of Applicant

I declare that all the information I have provided in relation to my application for this position is true and correct. I understand that any false or misleading information given in this application may render my contract of employment, if I am appointed, liable to termination. If I am the successful applicant for this position, I declare that I will notify all relevant authorities (if required to do so), that I have gained employment.

Signature of Applicant:

Date __ / __ / __

PRIVACY

Any information contained or provided in response to this application will be treated as private information and will only be used in conjunction with this application. If you are employed, it will be part of your personal record. If you are unsuccessful it will be shredded within one month of advice to you that your application was not successful.

OFFICE USE ONLY

Classification:	Award/Contract:
Date of Commencement:	Date Probationary Period ends:
Position:	Direct Manager/Supervisor:
Salary/Wage Rate:	Permanent / Temporary F/Time P/Time Casual
Employment authorised by:	Date __ / __ / __