Application for employment

Please email the completed/signed application and attach a copy of your Driver’s License showing

your full address plus a concise resume outlining your work history, skills, and qualifications to: info@carersthatdrive.com.au

|  |
| --- |
| PRIVATE & CONFIDENTIAL |
|  |
| Return this form to: **Suzie Coghlan** |
| Position applied for: **Community Access Support** |
| Surname: | Given name(s): | Title: |
| Address: |
| State:  | Postcode: |
| Telephone number/s: |
| Email address: |
|  |
| Current driving license (attached): | [ ]  **Yes**  [ ]  **No** |  |
| Car: Comprehensive Insurance (name on policy) | [ ]  **Yes**  [ ]  **No** |  |
| Car: Greenslip/CTP (name on policy) | [ ]  **Yes**  [ ]  **No** |  |
| COVID-19 Vaccination certificate: | [ ]  **Yes**  [ ]  **No** |  |
| CPR: (valid 12 months) | [ ]  **Yes**  [ ]  **No** |  |
| First Aid: (valid 3 years) | [ ]  **Yes**  [ ]  **No** |  |
| NDIS Workers Check: (valid 5 years) | [ ]  **Yes**  [ ]  **No**  |
| Police Check: (if expired, NDISWC required) | [ ]  **Yes**  [ ]  **No**  |
| WWCC: (valid 5 years; or willingness to obtain) | [ ]  **Yes**  [ ]  **No**  |
| Epilepsy Essentials: (or willingness to obtain) | [ ]  **Yes**  [ ]  **No** |
| Resume: (attached) | [ ]  **Yes**  [ ]  **No**  |
| Are there any medical restrictions on your driver’s license? *(If yes, please provide details)* | [ ]  **Yes**  [ ]  **No** |  |
|  |
|  |
| Are there any restrictions on you taking up employment in Australia? *(If yes, please provide details)* | [ ]  **Yes**  [ ]  **No** |  |
|  |
|  |
|  |
| **Driving History**Please note any driving offences. If none, please state. In certain circumstances employment is dependent upon obtaining satisfactory information necessary for the role. Providing a current copy of your demerit points is part of the employment process. |
|  |
|  |
|  |
| **Criminal record** |
| Please note any criminal convictions. If none, please state. In certain circumstances employment is dependent upon obtaining a satisfactory NDIS Workers Screen Check, National Police Check and/or Working with Children Check.  |
|  |
|  |
|  |
| **Education history** |
| University/TAFE: | Qualifications gained: |
|  |  |
|  |  |
|  |  |
|  |  |
| Other training: (Industry relevant) | Qualifications gained: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Current membership of professional bodies** |
| Please note any professional bodies you are a member of or are registered with. |
|  |
|  |
|  |
| **Other employment** |
| Please note any other employment you would continue with if you were to be successful in obtaining this position. |
|  |
|  |
|  |
| **References – MUST BE PROVIDED**Please note the names and addresses of two persons from whom we may obtain both character and work experience references.  |
| 1. | Name: |
|  | Address: |
|  |  |
|  | Known in the capacity of: |
|  |  |
| 2. | Name: |
|  | Address: |
|  |  |
|  | Known in the capacity of: |
|  |  |
|  |  |
| .  | **Declaration**I confirm that the above information is complete and correct and that any false or misleading information will give my employer the right to terminate my employment without notice. |
| 2.  | I agree that the employer reserves the right to require me to undergo a medical examination. I understand that should the employer require further information and wish to contact my doctor with a view to obtaining a medical report, the employer will inform me of their intention and obtain my permission prior to contacting my doctor. In addition, I agree that this information will be retained on my personnel file during employment and for up to six years thereafter. |
| 3. | I agree that should I be successful in this application, I will, if required, apply for a National Police Check and/or Working with Children Check. I understand that should I fail to do so, or should the check not be to the satisfaction of my employer, any offer of employment may be withdrawn, or my employment terminated. |
| Signed: | Date: / / |