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](mailto: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: / / | |