

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@carerthatdrive.com.au

PRIVATE & CONFIDENTIAL

Return this form to: **Suzie Coghlan**

Position applied for: **Community Access Support**

Surname: _____ Given name(s): _____ Title: _____

Address: _____

State: NSW QLD Postcode: _____

Mobile: _____

Email address: _____

Current driver's license (attached) Yes No

Car: Comprehensive Insurance (name on policy) Yes No

Car: CTP Greenslip (name on policy) Yes No

CPR: (valid 12 months) Yes No

First Aid: (valid 3 years) Yes No

NDIS Workers Check: (NSW + QLD valid 5 years; Compulsory) Yes No

WWCC: (NSW only; valid 5 years; or willingness to obtain) Yes No To obtain

Blue Card: (QLD only; valid 3 years; or willingness to obtain) Yes No To obtain

Epilepsy Essentials: (Compulsory) Yes No

Resume: (attached) Yes No

Are there any medical restrictions on your driver's license? Yes No
(If yes, please provide details)

Are there any restrictions on you taking up employment in Australia? Yes No
(If yes, please provide details)

Please note any other employment you would continue with if you were successful in obtaining this position? Yes No
(If yes, please provide details)

Criminal convictions or offences Yes No

(If yes, please disclose)

Education history – qualifications gained

Yes No

University / TAFE or Other training (Industry relevant)

References – MUST BE PROVIDED

Please note the names and contact phone numbers of two persons from whom we may obtain both character and work experience references to proceed with the application.

Name:

Phone:

Known in the capacity of:

:

Name:

Phone:

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.

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.

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.

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Signed:

Date: / /