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| **Please Return to:** [**people@claust.com.au**](mailto:people@claust.com.au) **or PO Box 1166, Strathalbyn, SA 5255** |

This application form is to be completed as accurately as possible and in the applicants own handwriting. Please note that an understanding of English is required to perform duties applied for.

**Please print your answers.**

No guarantee of employment is given by the completion of this form.

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| **Personal Details** | | | | |
| **First Names** |  | **Last Name** |  |
| **Address** |  | | | |
| **Town** |  | **Post Code** |  |
| **Postal Address** |  | | | |
| **Town** |  | **Post Code** |  |
| **Home Phone** |  | **Mobile** |  |
| **Email** |  | | | |

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| **Are you legally entitled to work in Australia?** | | | Yes | | No | |
| **Drivers Licence Number** | |  | **Expiry Date** |  | |
| **Type of Licence** | | Full | Probationary | Learners | |
| **Do you have any restrictions on your licence?** | | | Yes | | No | |
| **If yes, please explain** |  | | | | | |
| **What position are you applying for?** | | |  | | | |

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| **Are you seeking** | |
| Full Time Employment | *Preferred number of hours per week:* |
| Part Time Employment | *Preferred number of hours per week:* |
| Casual Employment | *Preferred number of hours per week:* |

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| **Do you hold any of the following?** | | | **If no, are you willing to obtain one at your own cost prior to commencing employment?** | |
| A current DCSI Screening (Child Related) | Yes | No | Yes | No |
| Cert III in Individual Support (Disability) or equivalent | Yes | No | Yes | No |
| A current Provide First Aid Certificate | Yes | No | Yes | No |
| A current CPR Certificate | Yes | No | Yes | No |
| A current Child Safe Environment Certificate | Yes | No | Yes | No |

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| **If requested, would you be able to work outside of normal rostered hours, given appropriate notice in advance?** | | | | | |
| Yes | Occasionally | Rarely | No |
| **If requested, would you be able to undertake country or interstate travel, given appropriate notice in advance?** | | | | | |
| Yes | Occasionally | Rarely | No |
| **Workers Compensation –** Do **you have a pre-existing injury through a previous or current claim that may require modification to duties or affect your ability to perform all requirements of the role as outlined in the Position Description?** | | | | | |
| Yes | No | If yes, please provide details:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Do you have any restrictions/conditions (medical or other) that require modifications or may affect your ability to perform the duties as outlined in the Position Description?** | | | | | |
| Yes | No | If yes, please provide details:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Have you ever been discharged from employment?** | | | | | |
| Yes | No | If yes, please provide details:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Other Qualifications/Training *(including highest level of education)*** | | | |
| **Qualification** | **Name of Establishment** | **Level Achieved** | **Date Completed** |
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| **Employment History** | | | | | |
| **Have you previously worked for Community Living Australia, CLASS or Community Lifestyles?** | | | Yes | | No |
| **If yes, what position did you hold?** | | |  | | |
| **Period From** |  | **Period To** | |  | |

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| **What is your earliest start date?** | | | |
| Now | Within 1 week | Within 2 weeks | Within a month |

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| **Previous Employment *(beginning with present or most recent)*** | | | |
| **Period** | **Employer**  **(Name & Address)** | **Your Position** | **Reason for leaving**  **If Applicable** |
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| **Referees: Please list three (3) referees from whom confidential information may be obtained** | |
| **1** | **Employment** (current or within 6-12 mounts) |
| Name: |
| Workplace & Occupation: |
| Phone: |
| **2** | **Employment** (last 2-5 years) |
| Name: |
| Workplace & Occupation: |
| Phone: |
| **3** | **Employment or Personal** |
| Name: |
| Workplace & Occupation: |
| Phone: |

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| **Where did you see this position advertised?** | | | |
| Website | SEEK | Care Careers | Facebook |
| Word of Mouth | Newspaper | Other (please specify) | |

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| **Declaration by Applicant:** | |
| **I declare** | 1. That the answers to the foregoing are, to the best of my knowledge, true and correct in every instance. |
| 1. That if my application for employment is successful I will be bound by, and will at all times, observe and respect, such terms and conditions of my employment and such policies and rules as may from time to time be implemented, specified or otherwise stipulated by my employer. |
| 1. That I understand that an erroneous or false declaration made by me in this application may result in disciplinary action, including dismissal. |

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| **Signature of Applicant** |  | **Date** |  |

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| **Support Worker Applicants Please Complete This Page** |

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| **Working Region *(please tick all regions you are available to work in)*** | | |
| Mt Barker/Hills | Strathalbyn | Murray Bridge & surrounds |
| Fleurieu Peninsula | Christies Beach/Metro | Riverland & surrounds |
| Mount Gamier & surrounds | Kangaroo Island |  |
| Please contact us on **8536 5888** for further information on our regions | | |

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| Are you currently employed? | Yes | No |
| If yes, what are your current daily work hours? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Will this be ongoing? | Yes | No |

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| **Shift Availability *(please tick all shifts you are available to work)*** | | | |
| **Monday** | Morning (0700-1500) | Afternoon (1500-2200) | Overnight (2200-0700) |
| **Tuesday** | Morning (0700-1500) | Afternoon (1500-2200) | Overnight (2200-0700) |
| **Wednesday** | Morning (0700-1500) | Afternoon (1500-2200) | Overnight (2200-0700) |
| **Thursday** | Morning (0700-1500) | Afternoon (1500-2200) | Overnight (2200-0700) |
| **Friday** | Morning (0700-1500) | Afternoon (1500-2200) | Overnight (2200-0700) |
| **Saturday** | Morning (0700-1500) | Afternoon (1500-2200) | Overnight (2200-0700) |
| **Sunday** | Morning (0700-1500) | Afternoon (1500-2200) | Overnight (2200-0700) |