

Application for Employment

Please Return to: people@claut.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.

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

Are you legally entitled to work in Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drivers Licence Number		Expiry Date
Type of Licence	<input type="checkbox"/> Full	<input type="checkbox"/> Probationary <input type="checkbox"/> Learners
Do you have any restrictions on your licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain		
What position are you applying for?		

Are you seeking	
<input type="checkbox"/> Full Time Employment	Preferred number of hours per week:
<input type="checkbox"/> Part Time Employment	Preferred number of hours per week:
<input type="checkbox"/> Casual Employment	Preferred number of hours per week:

Application for Employment

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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cert III in Individual Support (Disability) or equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A current Provide First Aid Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A current CPR Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A current Child Safe Environment Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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:

Application for Employment

COMMUNITY
LIVING
AUSTRALIA

Other Qualifications/Training (including highest level of education)

Qualification	Name of Establishment	Level Achieved	Date Completed

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

What is your earliest start date?

☐ Now

☐ Within 1 week

☐ Within 2 weeks

☐ Within a month

Previous Employment (beginning with present or most recent)

Period	Employer (Name & Address)	Your Position	Reason for leaving If Applicable

Application for Employment

Referees: Please list three (3) referees from whom confidential information may be obtained

Employment (current or within 6-12 months)

1

Name:

Workplace & Occupation:

Phone:

Employment (last 2-5 years)

2

Name:

Workplace & Occupation:

Phone:

Employment or Personal

3

Name:

Workplace & Occupation:

Phone:

Where did you see this position advertised?

☐ Website

☐ SEEK

☐ Care Careers

☐ Facebook

☐ Word of Mouth

☐ Newspaper

☐ Other (please specify)

Declaration by Applicant:

I declare

(i) That the answers to the foregoing are, to the best of my knowledge, true and correct in every instance.

(ii) 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.

(iii) That I understand that an erroneous or false declaration made by me in this application may result in disciplinary action, including dismissal.

Signature of Applicant

Date

Application for Employment



Support Worker Applicants Please Complete This Page

Working Region *(please tick all regions you are available to work in)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Mt Barker/Hills | <input type="checkbox"/> Strathalbyn | <input type="checkbox"/> Murray Bridge & surrounds |
| <input type="checkbox"/> Fleurieu Peninsula | <input type="checkbox"/> Christies Beach/Metro | <input type="checkbox"/> Riverland & surrounds |
| <input type="checkbox"/> Mount Gamier & surrounds | <input type="checkbox"/> Kangaroo Island | |

Please contact us on **8536 5888** for further information on our regions

Are you currently employed? ☐ Yes ☐ No

If yes, what are your current daily work hours? _____

Will this be ongoing? ☐ Yes ☐ No

Shift Availability *(please tick all shifts you are available to work)*

<input type="checkbox"/> Monday	<input type="checkbox"/> Morning (0700-1500)	<input type="checkbox"/> Afternoon (1500-2200)	<input type="checkbox"/> Overnight (2200-0700)
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning (0700-1500)	<input type="checkbox"/> Afternoon (1500-2200)	<input type="checkbox"/> Overnight (2200-0700)
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning (0700-1500)	<input type="checkbox"/> Afternoon (1500-2200)	<input type="checkbox"/> Overnight (2200-0700)
<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning (0700-1500)	<input type="checkbox"/> Afternoon (1500-2200)	<input type="checkbox"/> Overnight (2200-0700)
<input type="checkbox"/> Friday	<input type="checkbox"/> Morning (0700-1500)	<input type="checkbox"/> Afternoon (1500-2200)	<input type="checkbox"/> Overnight (2200-0700)
<input type="checkbox"/> Saturday	<input type="checkbox"/> Morning (0700-1500)	<input type="checkbox"/> Afternoon (1500-2200)	<input type="checkbox"/> Overnight (2200-0700)
<input type="checkbox"/> Sunday	<input type="checkbox"/> Morning (0700-1500)	<input type="checkbox"/> Afternoon (1500-2200)	<input type="checkbox"/> Overnight (2200-0700)