



Wyanga Aboriginal Aged Care Program
APPLICATION FOR EMPLOYMENT

PERSONAL DETAILS:

Applicants Full Name: _____

Home Address: _____

Postcode: _____ Home Phone: _____ Mobile: _____

Emergency Contact Name: _____ Relationship: _____

Contact details: (H) _____ (Mb) _____

Email Address: _____

Current Employment Status: (Unemployed, P/T worker etc.): _____

Tax File Number: _____ D.O.B / /

WHAT POSITION OR AREA OF WORK ARE YOU APPLYING FOR?

EMPLOYMENT HISTORY:

Do you have experience in the area of work you wish to apply for, or in Aged Care?

YES **NO**

If yes, please provide details: _____

Please provide details of your most recent employment:

EMPLOYER / POSITION:

DATES:

1. _____

2. _____

3. _____

EDUCATION:

What is your highest level of education? _____

Do you have any certificates/qualifications in aged care? _____



APPLICATION PARTICULARS:

Have you previously had any work related injuries: YES NO

If yes, please detail: _____

Have you ever claimed Workers Compensation: YES NO

If yes, please detail: _____

Do you have a current Drivers License: YES NO CLASS: _____

Do you have your own vehicle: YES NO

If yes, do you have insurance on the vehicle? YES NO

If yes, what type of insurance? *(please state):* _____

(if you are employed, a copy of your vehicle insurance documents must be provided to Wyanga if you are going to be transporting clients).

ADDITIONAL INFORMATION:

Is there anything further you would like to add to this application: _____

If successful, what date are you available to commence work? _____

What hours/days are you available for work? _____

Declaration by Applicant:

I certify that the personal information I have provided on this application relates to me and is correct.

Applicants Signature: _____ **Date:** ____/____/____

**PLEASE COMPLETE APPLICATION AND RETURN WITH YOUR
POLICE CHECK CERTIFICATE AND RESUME TO:**

