



Dale Cottages (Inc) – J E Murray Home
 Administration: 16 Deerness Way. Armadale WA 6112
 Telephone 94973200 – Fax 93995394
 Email info@dalecottages.org

APPLICATION FOR EMPLOYMENT
RESUME MUST BE ATTACHED FOR APPLICATION TO BE CONSIDERED

Position Applied For:..... Date of Application...../...../.....

Type of Position: Fulltime Part-time Casual Availability to Commence.....

AVAILABILITY						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM/PM/Night	AM/PM/Night	AM/PM/Night	AM/PM/Night	AM/PM/Night	AM/PM/Night	AM/PM/Night

PERSONAL INFORMATION

Surname..... First Name.....

Address..... Postcode.....

Home Telephone..... Mobile.....

Email..... Date of Birth (Optional)...../...../.....

Have you worked for our organisation previously? Yes No

If yes, position held and period of employment.....

IDENTIFICATION/COMPLIANCE and RIGHT TO WORK IN AUSTRALIA

Do you hold a National Police Clearance less than 1 year old? Yes No

- If yes, please attach a certified copy or bring the original in for our staff to sight and photocopy.
- If not, a police clearance will need to be provided prior to your application progressing.

Are you an Australian Citizen or a Permanent Resident? Yes No

- If yes, please attach a certified copy of your Australia Birth Certificate or Australian Passport or bring the original in for our staff to sight and photocopy.
- If No, please attach a certified copy of your current Passport or bring the Passport in for our staff to sight and photocopy in order to confirm the validity of your current Visa.

Office Use Only: Note Visa Details including Type, Expiry and Restrictions.

ADDITIONAL INFORMATION

Please explain why you are applying for this position:

.....

.....

What relevant skills and experience do you have that you believe will enable you to successfully carry out the duties and responsibilities of this position:

.....

.....

Please provide your availability for interview and list any planned upcoming events or holidays that may have a temporary impact on your ability to work:

.....

.....

Please provide any additional information about yourself which you believe would support your application:

.....

.....

Do you have Computer Experience / Capabilities

Yes

No

KNOWN LANGUAGES	SPEAK			READ			WRITE		
	Slight	Fair	Fluent	Little	Fair	Well	Little	Fair	Well
English									
Other:									
Other:									

REFEREES

Please provide details of 2 **Professional Referees** we may contact. These must be people you have reported to in previous roles.

1ST

Full Name	Company
Their Position to You (Manager, Supervisor etc)	Contact Phone and Email

2ND

Full Name	Company
Their Position to You (Manager, Supervisor etc)	Contact Phone and Email

PRE-EMPLOYMENT HEALTH QUESTIONNAIRE

If you fail to disclose information about a pre-existing medical condition, or a previous workers compensation claim, any future claim for workers compensation may be declined.

**DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING CONDITIONS?
IF YES PLEASE PROVIDE FURTHER DETAILS WHERE INDICATED.**

- | | | |
|---|------------------------------|-----------------------------|
| 1. Heart Disease, heart attack, angina or high blood pressure | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Asthma, wheeze or lung disease | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Abdominal ulcers or hernia | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Frequent or regular migraine / headaches | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Allergies or sinusitis | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Eczema, dermatitis or other skin complaints | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Anxiety, panic attacks or psychiatric illness including depression | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Visual problems that cannot be corrected by prescription glasses | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Ear conditions such as deafness or tinnitus | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Blood borne viruses including Hep C or HIV | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Immunosuppressed including receiving chemotherapy or long term steroid use | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Have you ever been treated for drug or alcohol addiction | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Previous back, neck or spinal injury including whiplash | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Sciatica or disc protrusion | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Back pain | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Spinal operation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. Arthritis / rheumatism | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. Hip / knee / ankle injury | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. Shoulder / elbow / wrist injury | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. Chronic joint injury including stiffness or pain | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. Shoulder or hip bursitis | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23. RSI / Occupational overuse syndrome | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 24. Bleeding disorder | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 25. Muscle / tendon or ligament problem | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 26. Carpel tunnel syndrome | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 27. Epilepsy, fainting, fits, blackouts or dizzy spells | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 28. Any sporting, vehicle or work-related illness or injury | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 29. Have you ever been discharged or resigned from a job for medical reasons | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 30. Have you had an application for Superannuation, Life Insurance or similar rejected on medical grounds | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 31. Are you a smoker?
If yes how many daily _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 32. Have you worked in or been a patient in a hospital outside of Western Australia during the past 12 months | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 33. Have you been immunized against Tetanus | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 34. Have you been immunized against Hepatitis B | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 35. Have you ever been injured at work, suffered from a work related illness or submitted a Workers' Compensation or Insurance Commission of WA (ICWA), previously MVIT, claim? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Pre-employment Health Questionnaire Continued.....

If you have answered yes to any of the questions listed 1-35, complete the table below.
If you require more space than provided, please continue on an additional sheet.

No:	Duration and Dates of condition	Current Status	Additional Information

Do you believe you are fit and physically able to fulfil all the duties required in the role applied for?

Yes No

If no, what modifications would be required, if any?

.....
.....
.....

I understand that Section 79 of the Western Australian Workers' Compensation and Injury Management Act 1981 gives an arbitrator discretion to refuse to award compensation which would otherwise be payable where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for an injury, wilfully and falsely represented himself as not having previously suffered from the injury.

Signature:..... Date...../...../.....

Note: Electronic Signatures are not accepted.

DECLARATION

I understand that I will be required to complete a Statutory Declaration as part of my employment stating that I have no criminal convictions in any other country or territory.

I certify that the information in this application form is to the best of my knowledge and belief, true and accurate in every detail.

I understand that Dale Cottages Inc. reserves the right to verify all information on this application and I am fully aware that if I fail to disclose any relevant matter relating to my application and health, which rendered me incapable of properly fulfilling the duties of the position, the employer may not employ me and if already employed by the employer, my employment may be summarily terminated.

Your signature below indicates your written permission for Dale Cottages Inc. to disclose your application information, if required, to other parties. Please indicate on this application form if you object to this occurring.

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I have also attached:

- 1) Resume
- 2) Certified copy of your Current Police Clearance or the original document brought into Dale Cottages Inc. administration where a photocopy will be taken.
- 3) Certified copy of Australian Birth Certificate, Australian Passport or Current Passport or the original document brought into Dale Cottages Inc. administration where a photocopy will be taken.

Signature:..... Date...../...../.....

Note: Electronic Signatures are not accepted.