



PO BOX 1196
ATHERTON Q 4883

PH: (07) 4091 3840
FAX: (07) 4091 4017

Application for Employment

Personal Details

Name: _____

Residential Address: _____

Postal Address: _____

Email Address: _____

Phone: _____ Mobile: _____

- **Have you attached a current resume to this application? YES / NO**
- **Have you read the position description for the job you are applying for? YES / NO**
- **And do you feel physically, mentally and psychologically able to carry out the duties inherent to that position? _____**
- **Do you have any experience in this field? YES / NO.**
- **If YES give a brief description?**

- **Why do you feel you would be suitable to work as a support worker?**

- **Do you have a current manual drivers licence?: YES / NO**
- **Do you have a current First Aid Certificate? : YES / NO**
- **Do you have a Certificate in Community Services Disability or similar? YES / NO**
Please list: _____
- **What hours would you be available for work? Please circle or list you availability:**
Anytime school hours nights only 6.00am – 6.00pm

- **What hours/days would you not be available? Please circle:**
MON TUES WED THUR FRI SAT SUN
- **Do you have or are you able to obtain (with our sponsorship) a DSQ Criminal History Screening Positive Notice? Please circle:**
YES I have one Do not have but am able to obtain UNSURE
- **Are you able to provide us with two referees should you be successful in obtaining an interview?** _____

Signed _____ **Date** _____

Office Use:	
<i>Date Application received:</i>	
<i>Interview Date:</i>	<i>Time:</i>
<i>Interviewed by:</i>	
<i>Result:</i>	
<i>Notified:</i>	<i>Date:</i>
<i>Signed:</i>	

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