



# Application for Employment

Confidential

This application form must be completed as accurately as possible. It is essential for the processing of your application for employment that all questions are answered.

Each applicant must accept that no guarantee of employment is given by completion of this form.

**Personal details**

Applicant's full name:		
Residential address:		
	State:	Post code:
Postal address (if different to above):		
	State:	Post code:
Telephone: (home)	(work)	
Email:		
Date of birth:	Sex: Male / Female	
Australian citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital status (optional):	Languages spoken:	
Emergency contact	Name:	
	Address:	
	Phone:	

**Application details**

Position applied for:
Department:
Are you prepared to work shifts: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> night <input type="checkbox"/> weekends
Will this position be your only employment?
If not, please detail other employer and hours worked?

**Employment details**

Educational qualifications:
Certificates held (please include certificate number/expiry dates):

Other courses / training completed (please include completion dates):	
To determine pay rates please detail years of experience in role applying for:	
Have you previously worked for Boandik Lodge?	Yes / No
If yes, in what position?	
Department:	
Date of commencement:	
Date of leaving:	
Reason for leaving:	
As an adult, have you lived in a country other than Australia?	Yes / No

### Previous employment

1. Employer:	
Address:	
Telephone:	
Employed from	to
Position held:	
Reason for leaving:	
May we contact this employer for reference?	Yes / No
Contact person:	
2. Employer:	
Address:	
Telephone:	
Employed from	to
Position held:	
Reason for leaving:	
May we contact this employer for a reference?	Yes / No
Contact person:	

3. Employer:	
Address:	
Telephone:	
Employed from	to
Position held:	
Reason for leaving:	
May we contact this employer for a reference?	Yes / No
Contact person:	

### Medical history

Failure to disclose a pre-existing medical condition may result in immediate dismissal upon discovery.	
Please rate your general state of health: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Excellent Consider other people your age and your previous state of health when determining the rating.	
Have you ever experienced any illness or injury which may limit your ability to perform the work reasonably required for the position applied for? Yes / No	
If yes, state the nature and date:	
Are you currently receiving any workers compensation payments?	Yes / No
If yes, please specify:	
Do you have any claims pending against former employers pursuant to the Workers Rehabilitation and Compensation Act 1986	
Yes / No	
If yes, please specify:	

## **Applicant declaration**

I declare

- a) That the answers to the foregoing questions are true and correct in every particular.
- b) That if my application is successful, I will provide Boandik Lodge with a current police certificate at the commencement of employment and a new police certificate prior to the expiration of each three (3) years of employment as required. Boandik Lodge can retain a copy of the police certificate. I understand and accept that if this obligation is not met my employment may be terminated.
- c) That if my application for employment is successful I will be bound to respect the conditions of employment, policies and procedures of Boandik Lodge.
- d) That I understand that any false declaration made by me in this application subjects me to instant dismissal.

Applicants signature: \_\_\_\_\_

Date: \_\_\_\_\_