

EMPLOYMENT FORM
(Please attach your resume)



Applicant Information

FIRST NAME: _____ LAST NAME: _____
EMAIL: _____ CONTACT PHONE NUMBER: _____
Position Applying For: _____ Qualifications: _____
Homestead (Residential) Community Care
Are you an Australian citizen? YES NO
If no, are you authorized to work in Australia?
Have you ever worked for Westmont? If yes, when? _____
Have you ever been convicted of a crime? If yes, explain: _____
Have you ever been a citizen of another country, other than Australia, since turning 16 years of age?

Availability to Work

Please indicate what times you are available to work.

Homestead:

Mornings Evenings Nights Saturday Sunday

Community Care:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Qualifications

High School Level 12 11 10
Tertiary Institute: _____ Degree Certificate Year Completed: _____

Previous Employment

Company: _____ Title: _____ Phone: _____
Responsibilities: _____
Date of Employment: _____ Reason for Leaving: _____
Company: _____ Title: _____ Phone: _____
Responsibilities: _____
Date of Employment: _____ Reason for Leaving: _____

References – You MUST supply two

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Full Name: _____ Relationship: _____

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Company: _____

Phone: _____

Pre-Existing Injury/Disease Declaration

Westmont Aged Care Services Ltd (Westmont) is committed to protecting the health, safety and well-being of all employees. To achieve this, Westmont strives to ensure that employees are not required or permitted to undertake work for which they are not suited and to take appropriate measures to allow work to be done in a manner which will not put any person at risk to their health & safety.

The following declaration is made for the purposes of section 82(7)-(9) of the Accident Compensation Act 1985.

I (name of applicant) declare that:

I acknowledge that I am required to disclose all pre-existing injuries/diseases which I believe may be affected by undertaking

the job of (job title)

Please list any injuries/diseases:

.....

Where you have a pre-existing injury/disease, consideration will be given to reasonable modifications to the environment or tasks.

Do you agree to the following:	Yes	No
Westmont requesting a confidential report from nominated previous employers	<input type="checkbox"/>	<input type="checkbox"/>
Westmont requesting a confidential report from nominated current employer	<input type="checkbox"/>	<input type="checkbox"/>

I acknowledge that any non-disclosure or false or misleading information on my part may result in section 82(8) of the Accident Compensation Act 1985 being applied. This would disentitle me or my dependents from receiving benefits relating to any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury/disease which I have.

To the best of my knowledge the information provided in this declaration is true & correct.

Pre-employment Functional Assessment / National Criminal History Record Check / Working With Children Check

I acknowledge that to be considered for a position at Westmont, if I am the successful applicant I will be required to undertake and pass a pre-employment functional assessment performed by a professional nominated by Westmont and at Westmont's expense.

Westmont is ensuring that the successful applicant is physically capable of performing the duties as outlined in the relevant Position Description.

I acknowledge that appointment is subject to a satisfactory National Criminal History Record Check. I also acknowledge that a Working With Children Check will be required for my position and that I am

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International Police Check

I acknowledge that I will be required to obtain an International Police Check/Statutory Declaration if I have lived overseas for twelve months or more in the past ten years.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date: :

...../...../.....

Homestead: 265 Baranduda Boulevard, Baranduda VIC 3691
Community Care: 193 Beechworth Road, Wodonga VIC 3690

Ph: 02 6043 9999
Ph: 02 6043 9867

www.westmont.org.au/employment/