



Our Lady of Consolation Aged Care Services Ltd

ABN: 36 082 907 051 ☎ website: www.oloc.com.au

A Ministry of the Franciscan Missionaries of Mary

32 Evans Road
 Rooty Hill NSW 2766
 Telephone: (02) 9625-2457
 Fax: (02) 9832-1584

EMPLOYMENT APPLICATION FORM

Position applied for:

<i>Preferred Title:</i>	Mr / Mrs / Ms / Miss / Dr		
<i>Surname:</i>			
<i>Given Names:</i>			
<i>Address:</i>			
<i>Telephone:</i>	Private:	Business:	Mobile:
<i>Date of Birth: (optional)</i>			
<i>Australian Citizenship:</i>	Yes / No (if No please provide Visa / Work Permit Number)		
<i>Sighted Original Documentation and copy attached:</i>	Birth Certificate, OR Australian Citizenship Certificate, OR Passport – Visa, AND Photo Identification (Drivers Licence, Proof of Age etc)		

**Please provide your work experience details in chronological order, commencing with your most recently held position.*

<i>Employer</i>	<i>Position Held</i>	<i>From</i>	<i>To</i>	<i>Reason for Leaving</i>
1.				
2.				
3.				
4.				

**Please provide details of your educational qualifications:*

<i>Qualification Attained</i>	<i>Institution</i>	<i>Year</i>
1.		
2.		
3.		
4.		
5.		

<i>Current Practising Certificate No (if applicable):</i>	
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*** Please note: if any of the sections indicated with “*” above are adequately addressed in your resume, please indicate by writing “see resume” in the relevant boxes and attach resume to this form for submission. Thank you**

**Contact details of three (3) referees, at least 2 should apply to previous employment:*

<i>Name:</i>	<i>Address:</i>	<i>Contact Telephone:</i>
1.		
2.		
3.		

<i>Are you willing to undertake a medical examination?</i>	Yes / No
<i>Are you willing for us to contact your previous employer as a referee?</i>	Yes / No
<i>Are you legally entitled to work in Australia?</i>	Yes / No
<i>Are you willing to work weekends?</i>	Yes / No
<i>Are you willing to work shifts?</i>	Yes / No
<i>Are you over 18 years of age?</i>	Yes / No

<i>Have you been hospitalised for any medical condition in the last 5 years?</i>	Yes / No
<i>If so please give details:</i>	

<i>Do you have any medical restrictions which would prevent you from carrying out the functions of the role you have applied for? If so please give details.</i>

<i>Have you ever claimed workers compensation?</i>	Yes / No
<i>If Yes, please give reason for claim:</i>	

**In accordance with the Aged Care legislation please provide details in relation to any Criminal history:*

<i>For work in the aged care industry it is a legal requirement for each employee to have a current police check certificate.</i>	Do you have a current National Police Certificate? YES / NO	If "Yes". Please provide the Certificate reference number? <i>A copy of the document is attached.</i>	Date of Issue:
<i>Are you the subject of any criminal charge(s) still pending before a court, or have you been the subject of criminal conviction(s) or finding(s) of guilt before a Court which are not "pardoned, quashed or spent convictions under Legislation?</i>			Yes / No
<i>If YES, provide details:</i>			

<i>Have you been a citizen or permanent resident of another country other than Australia since turning 16 years of age?</i>	Yes / No
<i>If so, you are required to provide a completed statutory declaration before you can be employed in any aged care service. A copy of the Statutory Declaration can be downloaded from the Employment section of our website (www.oloc.com.au)</i>	

<i>Do you speak any other languages other than English?</i>	Yes / No
<i>If YES, please specify:</i>	

<i>Are you related to any staff member currently employed by Our Lady of Consolation Aged Care Services Limited?</i>	Yes / No
<i>If YES, please specify:</i>	

<i>Why do you wish to apply for this position?</i>

<i>Why do you believe you should be selected for this position?</i>

Please ensure that you have provided a response to all questions on this application form.

I certify that the information in this application form is true and correct in every detail. I further certify that the information that I have provided in relation to my Medical and Criminal History is true and correct. I accept that if I have given any false information my employment may be discontinued.

Signed:

Date: