



# HR01 APPLICATION FOR EMPLOYMENT

Position Applied for: \_\_\_\_\_

Position NO. (if applicable): \_\_\_\_\_

Full Time       Part Time       Casual       Temp

## SECTION A - PERSONAL DETAILS

Mr     Mrs     Miss     Ms     Dr

Surname: \_\_\_\_\_ Other Name(s): \_\_\_\_\_

Previous Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Telephone Mobile: \_\_\_\_\_

Telephone Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email \_\_\_\_\_

D.O.B.:                    /                    /                     Male     Female     Other

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Telephone Mobile: \_\_\_\_\_

Telephone Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Are you an Australian Citizen or Resident?       Yes     No

If no, do you have a working visa?       Yes     No (please provide a copy)

### CRIMINAL HISTORY CHECK

Criminal History Check Obtained       Yes     No      Date Obtained: \_\_\_\_\_

Since turning 16 years of age, have you ever been a citizen or permanent resident of a country/countries other than Australia?       Yes     No

## SECTION B - EQUAL EMPLOYMENT OPPORTUNITY (This section is for compliance with EEO legislation)

| Was English the first language of: | Yourself   | Your Mother  | Your Father  |
|------------------------------------|--|--|--|
|                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Are you from a racial, ethnic or ethno-religious group, which is a minority in Australian society?  
 Yes     No

Are you of Aboriginal or Torres Strait Islander origin?  
 No     Yes - Aboriginal     Yes - Torres Strait Islander     Yes - Both Aboriginal & Torres Strait Islander

It is the policy of MACI to accept applications from people with disabilities and to attempt to meet reasonable/appropriate work-related requirement for employees.

Do you have a disability?       Yes     No

If yes, please describe and indicate how MACI can help adjust and barriers that may affect your performance?

**SECTION C - EDUCATION**

1. Secondary - Show details of highest examination passed or attempted and/or attach a copy of certificate

Name of Examination                      Year 10                      Year 11                      Year 12

2. Tertiary - Show details of highest examination passed or attempted and/or attach a copy of certificate

| Name of Institution | Course Undertaken | From | To | Qualifications |
|---------------------|-------------------|------|----|----------------|
|                     |                   |      |    |                |
|                     |                   |      |    |                |
|                     |                   |      |    |                |

3. Other Skills and Qualifications - You may include professional/technical qualifications, courses, fluency in languages, office skills, etc.

Current Professional Registration: \_\_\_\_\_ Valid to: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(please attach copy of registration)Do you have a current Drivers Licence?       Yes       No      If yes, which class? \_\_\_\_\_  
Expiry Date:      \_\_\_\_/\_\_\_\_/\_\_\_\_**SECTION D - EMPLOYMENT HISTORY**

Please indicate where you have worked before. Please indicate all work experience in Australia and Overseas. Voluntary work can also be included. If you are currently working, a detailed Statement of Service from your current employer or Nursing Service Record Book will be required.

| Employer                | Dates |    | Position Held |
|-------------------------|-------|----|---------------|
|                         | From  | To |               |
| <i>Present Position</i> |       |    |               |
|                         |       |    |               |
|                         |       |    |               |
|                         |       |    |               |

**SECTION E - SPECIAL NEEDS**

If you have any special needs to enable you to attend for an interview, please list them below or contact the facility.

|  |
|--|
|  |
|  |
|  |

**SECTION F - REFERENCES**

|               |  |        |  |
|---------------|--|--------|--|
| Name:         |  | Title: |  |
| Organisation: |  |        |  |
| Contact No:   |  |        |  |

|               |  |        |  |
|---------------|--|--------|--|
| Name:         |  | Title: |  |
| Organisation: |  |        |  |
| Contact No:   |  |        |  |

|               |  |        |  |
|---------------|--|--------|--|
| Name:         |  | Title: |  |
| Organisation: |  |        |  |
| Contact No:   |  |        |  |

**SECTION G - CRIMINAL RECORD CHECK CONSENT FORM – if applicable**

|   | Surname | Given Name 1 | Given Name 2 | Given Name 3 |
|---|---------|--------------|--------------|--------------|
| Name:   |         |              |              |              |
| Maiden/Previous 1:  |         |              |              |              |
| Maiden/Previous 2:  |         |              |              |              |
| Maiden/Previous 3:  |         |              |              |              |
| <b>Only the primary name will appear on the Screening Validation Authority issued to agency applicants</b>  |         |              |              |              |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female<br><br>Date of Birth:    ____/____/____<br><br>Place of Birth:    _____<br><div style="display: flex; justify-content: space-around; width: 100%;"> <span>City</span> <span>State</span> <span>Country</span> </div> Current Address: _____<br><div style="text-align: right; margin-right: 100px;">Post Code: _____</div> Telephone Home: _____      Telephone Mobile: _____<br>Drivers Licence No.: _____<br>Position: _____      Type of Position: _____ |         |              |              |              |

I certify that the above information is accurate and understand that if I have provided false or misleading information, it may result in a decision not to employ me or, if already employed, may lead to my dismissal.

I acknowledge that:

- i. any information obtained as part of this process may be used by Australian Police Services for law enforcement purposes; including the investigation of any outstanding criminal offences;
- ii. the outcome of assessment of information obtained through the Criminal Record Check by the approved screening agency may be provided to my current or prospective employers only for background checking processes.

Name (Block Letters): \_\_\_\_\_

Signature: \_\_\_\_\_

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

## PROOF OF IDENTITY

Applicants for appointment to positions at MACI are required to provide documentary evidence of identification prior to appointment. If you are successful in obtaining an interview, please bring this checklist, together with any of the documents listed (documentation provided must be total of 100 points) to the interview.

Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

| Item |  | Points Score          | Documents Sighted |
|------|--|-----------------------|-------------------|
| 1.   | Passport   | 100                   |                   |
| 2.   | Recent arrival in Australia (less than 6 weeks) - Valid Passport & Visa (Resident) | 100                   |                   |
| 3.   | Isolated Area Aborigine - written reference signed by two acceptable referees      | 100                   |                   |
| 4.   | Citizenship Certificate  | 70                    |                   |
| 5.   | Birth Certificate  | 40                    |                   |
| 6.   | Licence issued under law (e.g. Drivers Licence, Professional Licence to Practice)  | 40                    |                   |
| 7.   | Public Service ID (Photo)  | 40                    |                   |
| 8.   | Social Security Card (Photo)   | 40                    |                   |
| 9.   | Tertiary Education ID (Photo)  | 40                    |                   |
| 10.  | Employment ID (Photo)  |                       |                   |
|      | ○ ID Card (Name & Address)   | 35                    |                   |
|      | ○ ID Card (Name Only)  | 25                    |                   |
| 11.  | Rates Notice   | 35                    |                   |
| 12.  | Credit / Debit Card, Passbooks (one only per institution)                          | 25                    |                   |
| 13.  | Medicare Card  | 25                    |                   |
| 14.  | Membership Card  |                       |                   |
|      | ○ Union or Trade, Professional Bodies  | 25                    |                   |
|      | ○ Educational Institution  |                       |                   |
|      |  | <b>Total Points =</b> |                   |

***Documents sighted and certified by:***

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## APPLICANT STATEMENT AND DECLARATION

- Are you aware of any circumstances regarding your health, which may interfere with the satisfactory discharge of the duties of the position for which you are now applying?

Yes  No

If yes, please comment: \_\_\_\_\_

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- Upon employment with [insert name here], I agree to have a "Pre-employment Health Declaration Form" completed and signed by my Medical Practitioner and signed by myself.

Yes  No

- I agree to MACI requesting confidential reports from my previous employer.

Yes  No

- I understand that any discussion or disclosure of records or information concerning resident and employees/workers generally is a serious betrayal of trust and could mean instant dismissal.

Yes  No

- That I will notify MACI Manager (in writing) within 14 days should I appear in court and be convicted of a criminal offence.

Yes  No

- That all statements in my application are correct to my knowledge and that the making of a false statement may lead to dismissal.

Yes  No

- That it is a condition of my employment that an ID card containing my photograph must be worn or carried at all times and be produced on request.

Yes  No

- I am aware that a criminal record check will be conducted if I am recommended for appointment. I declare the information contained in this application is true. I understand that any intentional omissions from this application or false statement may lead to my dismissal.

Yes  No

- I declare that the qualifications I have asserted to have are genuine and acknowledge that false claims may lead to my dismissal and / or prosecution for any relevant offence.

Yes  No

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_