



PRINS WILLEM ALEXANDER VILLAGE

Application for Employment

| | |
|----------------------|----------|
| Position Applied for | Date / / |
|----------------------|----------|

Personal Details

| | |
|---------------|-------------|
| Surname | Given Names |
| Address | Postcode |
| Phone No | Mobile |
| Date of Birth | |

| | |
|--------------------------|-------------------------|
| Emergency Contact Person | |
| Phone No | Relationship (Optional) |

Health: Do you suffer from any ailment or disability or are you required to take regular medication which may:

- affect your work performance Yes No
- affect your attendance at work Yes No

Education/Qualifications and Training

| | | |
|---|--|---|
| Please attach resume | Photocopy of Certificates eg. Certificates III | Photocopy Nurses Board Registered |
| First Aid Certificate: YES / NO Expiry Date | | |
| Aged Care Course: YES / NO Details | | |
| Languages Spoken | | |
| Drivers Licence Number | Expiry Date | Endorsements |

Employment Experience

(Please list your current employer first)

| EMPLOYER | POSITION HELD | FROM/TO | REASON FOR LEAVING |
|----------|---------------|---------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Availability for Work

As this facility operates 24 hours per day, seven days per week, please place a tick beside each shift you are available to work.

Weekdays am () Weekdays pm () Night shift ()

Weekends am () Weekends pm ()

Please advise any shifts or times you are unavailable to work:

.....

Hobbies and Interests

.....

.....

.....

Declaration and Conditions of Employment

In the event of my application being successful, I undertake to accept, as a condition of my employment, that any false or misleading information in this application may lead to my instant dismissal.

Also in support of my application, I agree to:

- a) A medical examination by a Doctor of the facility's choice;
- b) Any reference checks necessary to support this application;
- c) Any Police checks necessary to support this application.

Signature: _____ Date: _____