

APPLICATION FOR EMPLOYMENT

Position applied for			Location	
Personal Details				
Title (Mr/Mrs/Miss/Ms/Other)				
Surname				
Given Names				
Home Address				
Home Phone				
Mobile No				
Email				
Are you an Australian citizen?	Yes		No 🗖	
If no, are you a permanent resident?	Yes		No 🗖	
If no, do you have a work visa?	Yes		No 🗖	
Do you hold a current Drivers Licence?	Yes		No 🗖	Class
Do you have your own means of transport?	Yes		No 🗖	
Do you hold a current First Aid Certificate?	Yes		No □	
Do you have a current Police Check clearance	e (no n	nore	than 6 mont	hs old)? Yes □ No □
Do you have a current Working with Children	Checl	k?	Yes 🗖	J No □
I have completed the NDIS Worker Orien www.ndiscommission.gov.au/workers/training	ng-cou	<u>ırse</u> a	and a copy o	• • • • • • • • • • • • • • • • • • • •
included with my application	Yes		No 🗖	
Please note that under Greystanes policy, a must be provided by all potential employnecessarily disqualify an applicant.				_
Please list any formal qualifications you have	that a	re re	levant to the	e position.
Do you have any pre-existing conditions that the duties of the position? If yes, please provide a brief description:	may/ Yes		nterfere with No 🗖	or prevent you from carrying out

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do the job you are applying for?					
Do you require a	ny special arrangements at an interview?	Yes 🗖	No 🗖		
If yes, please pro	vide details:				
Are you currently	on a Worker's Compensation Return to Work Plan? Yes 〔	□ No □			
If so, are there re	strictions to take into consideration for the job you are app	olying for?			
Compensation Cl	ent processes include: Interview, reference checks, Criminal neck and may entail a medical check with a Greystanes appi you willing to go through this process? Yes	roved medica			
<u>Referees</u>					
and/or previous	e details of at least two work-related referees. Your refere employer and have worked with you in a supervisory capaci your proposed referees before Greystanes contacts them.				
1. Name					
Company					
Contact No.					
Email					
2. Name		_			
Company					
Contact No.					
Email					
_	Greystanes Disability Services to seek verbal or written in ers and/or referees and authorise the information sought, t				
I confirm that the	e information I have provided is true and accurate to the be	st of my knov	wledge.		
Signed	Date				
Please ensure the	e following documents and/or information is provided along	g with this ap	plication:		
Your resu	me				
☐ Your clain	ns to the selection criteria				
☐ Proof of r	ight to work/citizenship (if necessary).				
The personal info	ormation obtained about you will only be used to assess you	ur suitability f	or		

If you have a disability, please describe any adjustments to the workplace you may need to be able to

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employment. Personal details of unsuccessful applicants will be destroyed after 3 months.