

Operational Staff - Application Form

Version Number: 1

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To be considered for a position, this form must be completed in full with Resume and Cover Letter attached. Please complete this form accurately. The information that you provide will be used to assess your suitability for the job you are applying for and will be discussed at interview, if offered.

Employee Details

Full Name		Preferred Name	
Date of Birth <i>(optional)</i>		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email Address			
Residential Address			
Postal Address			
Mobile		Home Number	

Vacancy Details

Position Applying For:			
Closing Date:		Have you worked for HSA before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where did you hear about HSA or this position	<input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Another Person <input type="checkbox"/> Other (please list:		

Pre-Employment Criteria

I am legally permitted to work in Australia	<input type="checkbox"/> Yes <input type="checkbox"/> No
I possess a current C class driver's licence <small>Support Worker (required) All other positions (desired)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have access to a reliable vehicle with current registration	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your vehicle covered by comprehensive insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hold a Positive Notice Card (Yellow Card)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Eligible to apply If Yes, <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
I hold a Working with Children Card (Blue Card)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Eligible to apply If Yes, <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
It is not a requirement to hold a Disability Services Positive Notice Card or Blue Card at the time of your application, however you will need to be eligible to apply for one to be considered for employment. You will also be required to pay the fee. The application will be completed in our employment orientation if you are successful.	
I own a smart phone/device that I am willing to use for work purposes <small>It is a requirement for all employees of HSA</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will obtain
I hold a current First Aid certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will obtain
I hold a current CPR certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will obtain
It is recommended for Support Workers to have a current First Aid & CPR certificate	

Availability For Work		
HSA offers services in Rockhampton, Capricorn Coast & Mount Morgan. Please indicate the location you are willing to work in. (Note: You will not be paid for travel to and from shift)		
Rockhampton	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Capricorn Coast (Yeppoon & Emu Park)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mount Morgan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many hours are you ideally looking for per fortnight?		
Day	Availability <i>(please list the times you are available for shifts)</i>	Sleepovers <i>Please indicate if you are available for sleepovers shifts (approx. 6pm – 10am)</i>
Monday		Sleepover: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tuesday		Sleepover: <input type="checkbox"/> Yes <input type="checkbox"/> No
Wednesday		Sleepover: <input type="checkbox"/> Yes <input type="checkbox"/> No
Thursday		Sleepover: <input type="checkbox"/> Yes <input type="checkbox"/> No
Friday		Sleepover: <input type="checkbox"/> Yes <input type="checkbox"/> No
Saturday		Sleepover: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sunday		Sleepover: <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have any issues/concerns/questions with regards to availability for shifts, please note these here for discussion at interview		

Employment History	
Employer and Position	
Date of Employment	
Duties/Responsibilities	
Employer and Position	
Date of Employment	
Duties/Responsibilities	

Experience, Education and Qualifications	
Have you had any previous experience working with people with a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any languages other than English? <i>Please list Languages</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Are you willing to support clients to undertake personal care tasks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have experience working with any of the following?	
Physical disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intellectual disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing or sight impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dementia & memory loss	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acquired Brain Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No

Selection Criteria

In 50-100 words, please explain what skills or attributes you possess that would be beneficial to this position (attach a separate sheet if necessary)

Formal Qualifications	
Relevant Training	

Referee Details

Referees should be previous employers or should have a thorough knowledge of your work performance & conduct.

Referee #1

Name	
Email Address	
Relationship	
Contact Number	

Referee #2

Name	
Email Address	
Relationship	
Contact Number	

Declaration By Applicant

1. I understand that any misrepresentation of the facts in this application could be cause for termination in the event that I gain employment.
2. I consent to any reference checks which may be necessary to support this application.

I hereby declare that all information contained in this form and all other information provided by me to support my application for employment to be true and correct.

Applicants Full Name	
Applicants Signature	
Date	

Privacy: Your application contains personal information which will be dealt with in accordance with our Privacy Policy. If you are successful this information will become part of your employment record.
Unsuccessful applications will be kept securely on file and destroyed after 6 months.

Thank you for taking the time to complete this application.