

Employment Application



Your Contact Information

First Name

Middle Name

Last Name

Email

Address

Suburb

State

Post Code

Home Phone

Mobile

Date of Birth

Gender

Type of Work

Advertised Position/s Applied for

Have you previously applied to Valmar for employment?

Type of work

Administration

Aged Support

Disability Support

Grounds work

Recycling

Timber Mill

I am available to work (Please check all that apply)

Casual

Part Time

Full Time

Day Shift

Night Shift

Sleep Over

Are there any days of week you are unable to work

Yes

No

Details of unavailability

When are you available to Commence Work?

All persons employed in the disability services sector must undergo a pre employment criminal background check. Do you consent to this background check?

Yes No

Note:

Having a criminal conviction does not necessarily preclude you from employment with Valmar Support Services Limited as consideration will be given to the nature of the offence. If you have been convicted of an offence please contact the Human Resources Manager on 02 6947 4150 to provide details of the conviction.

Do you have a current drivers licence?

Yes No

State	Licence No	Expires	Licence Type
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Have you been convicted of a traffic offence within the past 3 years?

Yes No

Have you ever sustained an injury at work?

Yes No

If yes, please provide details of the nature and date of injury and any time taken off work

Are you currently suffering from, or have you ever suffered from any of the following?

Yes No

If yes please provide details below)

- | | |
|--------------------------|---------------------------------|
| Back injury or condition | Knee injury |
| Hernia | Heart condition |
| Shoulder injury | Visual disability |
| Arthritis | Any skeletal or muscular injury |
| Hearing deficit | Alcohol abuse |
| Substance abuse | |

Details of prior or existing conditions

Previous Employment (Please list last 3)

1.

Name of the employer

Address

Dates of employment

Start Date

End date

Position Title

Name of the last supervisor

Supervisor's phone number

Reason for leaving (*be specific*)

List the jobs you held, duties performed, skills used or learned and advancements or promotions while you worked at this company

May we contact your employer:

Yes

No

2.

Name of the employer

Address

Dates of employment

Start Date

End date

Position Title

Name of the last supervisor

Supervisor's phone number

Reason for leaving (*be specific*)

List the jobs you held, duties performed, skills used or learned and advancements or promotions while you worked at this company

May we contact your employer:

Yes No

3.

Name of the employer

Address

Dates of employment

Start Date

End date

Position Title

Name of the last supervisor

Supervisor's phone number

Reason for leaving (*be specific*)

List the jobs you held, duties performed, skills used or learned and advancements or promotions while you worked at this company

May we contact your employer:

Yes No

If you have indicated that you do not want us to contact your previous or current employers please provide reasons below:

Education

(please list your highest qualifications) If insufficient room please attach another sheet)

1.

Qualification obtained

Name of the institution

Year Commenced

Year Completed

2.

Qualification obtained

Name of the institution

Year Commenced

Year Completed

3.

Qualification obtained

Name of the institution

Year Commenced

Year Completed

4.

Qualification obtained

Name of the institution

Year Commenced

Year Completed

How would you describe your level of computer literacy?

What computer programs are you confident with?

Microsoft Word

Microsoft Excel

Microsoft Outlook

Microsoft SharePoint

Microsoft Dynamics CRM

If you selected other programs above please list them below:

Are you a proficient typist?

If yes what is your typing speed?

Yes

No

Please list any other skills you have that you feel may assist us in determining your suitability for this position:

References

Please list two current and relevant referee's other than relatives. (you may specify previous employers)

First Name

Last Name

Position Email Address

Company Phone

First Name Last Name

Position Email Address

Company Phone

Use this space to add any additional information that you wish to provide that may assist us in considering your application:

APPLICANT DECLARATION

I declare that I have completed this form honestly and to the best of my ability. I declare that I have provided full and relevant particulars and have disclosed all my details relevant to this position to enable Valmar to make a full informed decision about my application. I understand fully that completion of this form in no way constitutes an obligation on Valmar to offer me employment.

I understand the inherent requirements of working with vulnerable people and people with mild, moderate, severe and profound disabilities. I declare that I am not aware of any health condition, other than what I have declared above, which might interfere with my ability to perform the inherent requirements and duties of this position.

I hereby give permission to undertake a full physical examination and/or functional assessment if requested by Valmar. I agree to undertake any drug and/or alcohol screening if required by Valmar prior to employment with Valmar or during my employment with Valmar.

I understand fully that any offer of employment by Valmar is subject to satisfactory completion of this Declaration **and successful completion of a criminal record check and employment screening**. I understand fully that any incorrect, false or misleading information I provide during the employment selection process may, if I am offered employment or employed by Valmar, lead to **cessation of employment**.

Signature:

Date