



# JOB APPLICATION FORM

1. NO LATE APPLICATIONS WILL BE ACCEPTED.
2. All applicants are advised to address the selection criteria in their applications. If you do not demonstrate that you meet the essential criteria, you will not be short listed for interview.

<b>POSITION APPLIED FOR</b>	Title: .....																												
<b>PERSONAL INFORMATION</b>	Surname (in BLOCK letters) ..... Other Names: ..... Address: ..... .....																												
<b>CONTACT DETAILS</b>	Business Ph: ..... Home Ph: ..... Mobile No:..... Email:.....																												
<b>QUALIFICATIONS</b> Please attach all relevant qualifications to your resume.	Qualifications (Please include name of Institute and date obtained) ..... ..... .....																												
<b>OTHER</b> (please tick if any)	<table style="width: 100%; border: none;"> <tr> <td style="width: 65%;">Australian Driver's Licence</td> <td style="width: 15%;">YES <input type="checkbox"/></td> <td style="width: 20%;">NO <input type="checkbox"/></td> </tr> <tr> <td>First Aid Certificate</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td>Working with Children Card</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td>Police Certificate (less than 6 months old)</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td>Medication Training</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td colspan="3">If so, by whom and when .....</td> </tr> <tr> <td colspan="3">Other spoken language (please specify) .....</td> </tr> </table>	Australian Driver's Licence	YES <input type="checkbox"/>	NO <input type="checkbox"/>	First Aid Certificate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Working with Children Card	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Police Certificate (less than 6 months old)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Medication Training	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, by whom and when .....			Other spoken language (please specify) .....									
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<b>PREVIOUS EMPLOYMENT</b>	Name of Employer: ..... Address: ..... Position: ..... Reason for leaving:.....																												
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# DECLARATIONS

The following declarations are **NOT** a barrier to being considered for employment, but will assist us to take due care in assessing appropriate placement.

## DISABILITY

Whether you have a disability or injury likely to affect your work performance or which could recur or be aggravated by the type of work for which you are applying:

If YES, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WORKERS COMPENSATION CLAIMS

Have you ever made a claim for Workers' Compensation?

If YES, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section 79 of the Western Australian Worker's Compensation and Injury Management Act 1981 gives an arbitrator discretion to refuse to award compensation which would otherwise be payable where it is proved that the worker has, at the time of seeking or entering employment in respect of which he/she claims compensation for an injury, wilfully and falsely represented him/herself as not having previously suffered from the injury.

## CRIMINAL CONVICTIONS

Do you have any current convictions for any offences from any court, or are you currently the subject of any charge pending before any court?

If YES, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare the above statements to be true in all respects. I acknowledge that any statement which is found to be false or deliberately misleading will make me, if employed, liable for dismissal.

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

## ACKNOWLEDGMENT SLIP

(APPLICANT TO COMPLETE DETAILS IF YOU WISH TO RECEIVE A RECEIPT OF YOUR APPLICATION)

The Human Resource Branch at Senses Foundation Incorporated has received your application for the following position/s.

POSITION NO/S ..... POSITION TITLE/S .....

NAME .....

ADDRESS.....

..... POSTCODE .....