

EMPLOYMENT APPLICATION

**THIS APPLICATION FOR EMPLOYMENT DOES NOT GUARANTEE
THAT YOU WILL OBTAIN AN INTERVIEW**



The information you provide is the first step in our employment process and will enable us to consider you for positions which may arise from time to time.

If a position becomes available and this application meets our selection criteria, you may be contacted for additional information, interview and to attend a pre-employment medical examination.

Please complete **all** sections of this application in your own handwriting and sign the declaration on the last page. **Attach copies only of references, resume or other documents you believe are relevant to this application.** (Documents attached to this application will not be returned).

The information provided in this application is used for the purpose of our recruitment and selection procedures and to support any subsequent employment offer made to you. We may seek confirmation of details from past employers, referees or other sources.

The details provided remain confidential to our organisation or appointed recruitment agency and will not be provided to any other person.

Mark the application "Private & Confidential" and post or deliver to Meercroft Care Inc at the address shown below.

Postal Address:

P O Box 82
DEVONPORT 7310

Delivery Address:

Clements Street
DEVONPORT 7310

**Enquiries in relation to this
application should be made to:-**
Human Resource Co-Ordinator
Ph: (03) 6421 0111

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PERSONAL INFORMATION

Surname: _____ Given Names: _____

Address: _____

Contract Number/s: _____

Email address: _____

INFORMATION ABOUT THIS APPLICATION

What type of work are you seeking with our organisation? **(Tick one or more of the following).**

Registered Nurse	<input type="checkbox"/>	Receptionist	<input type="checkbox"/>	Catering	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>
Enrolled Nurse	<input type="checkbox"/>	Clerical	<input type="checkbox"/>	Cleaning	<input type="checkbox"/>	Gardener	<input type="checkbox"/>
Extended Care Assistant	<input type="checkbox"/>	Qualified Cook	<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Bus Driver	<input type="checkbox"/>

What type of employment are you seeking? **(Tick one or more of the following).**

Full Time	<input type="checkbox"/>	Casual	<input type="checkbox"/>	Shift Work	<input type="checkbox"/>	More than 20 hrs / week	<input type="checkbox"/>
Part Time	<input type="checkbox"/>	Day Work	<input type="checkbox"/>	Weekend Work	<input type="checkbox"/>	Less than 20 hrs / week	<input type="checkbox"/>

Do you have any qualifications/certificates relevant to the type of work you are seeking?

Yes No **(If Yes, please list below).**

Do you have any prior experience relevant to the type of work you are seeking?

Yes No **(If Yes, please provide details below).**

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PREVIOUS EMPLOYMENT OR WORK EXPERIENCE HISTORY

Name of Most Recent Employer: _____

Business Address: _____

Position Held: _____ Date Left: ____ / ____ / ____

How long were you employed? _____

Reason for Leaving: _____

Please provide details of other previous employers:

Name of Employer: _____

Business Address: _____

Position Held: _____ Date Left: ____ / ____ / ____

How long were your employed? _____

Reason for Leaving: _____

Name of Employer: _____

Business Address: _____

Position Held: _____ Date Left: ____ / ____ / ____

How long were you employed? _____

Reason for Leaving: _____

If not previously employed, please provide details of any previous work experience:

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GENERAL INFORMATION

1. What is your understanding Meercroft Care Inc.'s Vision and Mission?

2. Please list any personal qualities you have which you believe may assist your application.

3. Please provide details of two people we may contact as referees. They need to be people you have reported to in previous roles i.e. supervisors, managers, team leaders etc.

Employment Referee:

Name: _____ Current Occupation: _____

Their occupation at the time you worked with this person: _____

Contact Number / s: _____

Email Address: _____

Employment Referee:

Name: _____ Current Occupation: _____

Their occupation at the time you worked with this person: _____

Contact Number / s: _____

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DECLARATION OF APPLICANT

I hereby authorise Meercroft Care Inc to obtain references by speaking with my nominated referees to verify any information relevant to this application.

I certify that the information given in this application is true and complete and I am aware that any inaccurate statements made herein or information deliberately withheld may later jeopardise my employment.

I acknowledge that this application does not constitute an offer of employment and that any offer subsequent to this application **will be subject to satisfactory completion of a pre-employment medical examination.**

I acknowledge that if I progress to an interview, I must provide evidence of my ability to legally work in Australia such as Australian Citizenship Certificate, Australian Birth Certificate, Australian Passport (if born in Australia) or Passport of your country origin if not born in Australia, as well as Right to Work (in Australia) Visa if relevant.

Applicant Name: _____

Signature of Applicant: _____

Date: ____ / ____ / ____