



APPLICATION FOR EMPLOYMENT FORM

APPLICATION FOR EMPLOYMENT			
Position:		Date of Application:	

PERSONAL DETAILS			
First Name:		Surname:	
Preferred Name:		Gender:	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
Phone Number (H): (M):		Address:	
Email Address:		<input type="radio"/> Indigenous / Aboriginal <input type="radio"/> Torres Strait Islander	

EMERGENCY CONTACT DETAILS			
Emergency Contact Person:		Relationship:	
Phone Number (H): (M):			

EMPLOYMENT HISTORY			
Employer:		From / To:	
Employer:		From / To:	
Employer:		From / To:	
Employer:		From / To:	
Employer:		From / To:	

QUALIFICATIONS	
Qualification:	
Qualification:	
Qualification:	
Qualification:	
Qualification:	



REFERENCES			
At least ONE reference must be former or current employer			
Reference Name:		Contact Number:	
Reference Name:		Contact Number:	
Reference Name:		Contact Number:	

SKILLS AND EXPERIENCE	
Please list skills and experience applicable to position	

MEDICAL CONDITIONS OR PREVIOUS INJURIES:	
Please list any medical conditions or previous injuries that may impact or restrict your work performance	

Do you have or willing to obtain a Criminal Record Check: (Note: All employment is subject to satisfactory CRC)	Yes / No
Have you ever been convicted of a criminal offence (or currently facing criminal charges)	Yes / No If yes please provide details:
Do you have current flu vaccination or willing to obtain (Note: legislative requirement for all persons entering the facility must show a current flu vaccination record) – Please attach a copy of current vaccination	Yes / No
Current AHPRA Details (For Registered and Enrolled Nurses) AHPRA Number: Restrictions / Notations:	

Name:	
Signature:	