

Hawkesbury Living Application Form



Position Applied for: _____

Preferred Title:	MR/ MISS/ MRS/ MS	
Surname:		
Given Name:		
Address:		
Telephone:	Private	Mobile:
Date of birth (optional)		
Australian Citizenship	Yes / No (If No Please provide VISA / Work Permit number)	

Please provide details of previous work experience in chronological order, commencing with your most recently held position

Employer	Position Held	From	To	Reason for leaving
1				
2				
3				
4				
5				

Please provide details of your educational qualifications

Qualifications Attained	Institution	Year

Current Practicing Certificate No: (If Applicable)

Contact details for three referees, AT LEAST two should apply to previous experience

Name	Position	Contact number
1		
2		
3		

Please answer the following questions;

Are you willing to undertake a medical examination?	YES	NO
Are you willing for us to contact your previous employer as a reference?	YES	NO
Are you legally entitled to work in Australia?	YES	NO
Are you willing to work weekends?	YES	NO
Are you willing to work shifts?	YES	NO
Are you over 18 years of age?	YES	NO

Do you have a physical restriction which would prevent you from carrying out the functions of the role you have applied for? IF YES PLEASE GIVE DETAILS

To gain employment with Hawkesbury Living you will need to complete a police reference check, are you willing to undergo this check? YES NO

Are you subject of any criminal charges still pending before a court, or have you been the subject of criminal conviction(s) or finding(s) of guilt before a court which are not pardoned, quashed or spend convictions under legislation ?

YES / NO IF YES, PLEASE PROVIDE DETAILS

Why do you believe you should be selected for this position?

I certify that the information in this application form is correct in every details. I accept that if I have given false information my employment may be discontinued

SIGNED:

DATE:
