

Application for Employment Form

Applicant Details

First Name		Last Name	
Home Address			Post Code
Mailing Address			Post Code
Home Phone	()	Mobile Phone	
Date of Birth (if under 18)		Email	

Residency Details

Are you an Australian permanent resident or citizen? If offered the position, you must provide evidence as outlined in the Application Pack.		Yes		No
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Position Applied For

Position Applied For	
Location	

Advertisement

Where did you see this position advertised?	
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Professional Referees

	Referee 1	Referee 2		
Name:				
Organisation:				
Phone Number:				
Email Address:				
I authorise PPAC to contact my referees.		Yes		No

Equal Employment Opportunity

PPAC is committed to EEO and encourage people of Aboriginal and Torres Strait Islander background and people with a disability to apply for positions.			
Do you identify as having a disability		Yes	No
If yes, what type of reasonable adjustments to the environment or the role might you require?			
Do you identify as being of Aboriginal or Torres Strait Islander background / descent?		Yes	No

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Background Check

I am willing to undergo a Working With Children Check (if applicable) and a National Criminal History Check and provide 100 points of identification.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been convicted of a criminal offence?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please provide details.				
Do you have any convictions for offences involving anyone under 18 years of age and/or any sex offenses?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please provide details.				

Medical Review

PPAC has a duty of care responsibility to Service Users, Staff and Visitors. The following questions relate to this Duty of Care responsibility.

I am willing to attend a medical review if and when required by PPAC.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have, or have you had, any medical, including physical condition, injury or psychiatric condition which may affect your capacity to carry out the inherent requirements of the position being applied for, or if by carrying out the duties of the position your medical condition or health could be adversely affected? (You have a duty of disclosure to answer this question correctly, and failure to do so could negate any application you make for workers compensation, and/or, could result in your termination of employment for non-disclosure.)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If yes, please give full details:			

Certify

This certifies that to the best of my knowledge, that the information given in this application form is correct. I understand that providing false or misleading information on this form, my resume or other documents provided, could negate any application made for workers compensation, or may lead to disciplinary action up to and including dismissal.

I have read and understood the information contained in the Application Pack and certify that I have the right to work in Australia.

Signature:	<input type="text"/>	Date:	<input type="text"/>
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