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**RANGEVIEW PRIVATE NURSING HOME**

**EMPLOYMENT APPLICATION**

**Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact (name, address, telephone for work):**

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

**Employment history**

Year	Employer	Position	Reason for Leaving

*(Please attach separate sheet if necessary)*

**Referees**

Name	Type of Reference	Contact Number



## EMPLOYMENT APPLICATION (cont')

### Details of relevant qualifications / experience:

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### Details of education:

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Have you been a citizen or permanent resident in a country other than Australia at any time after your 16<sup>th</sup> birthday?      Yes /No

If yes, completion of a Statutory Declaration will be required prior to offer of employment.

Have you had a National Police check done in the last 12 months?      Yes / No

If yes, please attach a certified copy of your police check

If no, an application for a national police check and completion of a Statutory Declaration will be required prior to an offer of employment.

Have you had any claims for worker's compensation?    Yes /No

If yes, please give details:

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### EMPLOYMENT APPLICATION (cont')

Have you had any illness (chronic or acute) which will interfere with your work performance?

Yes/No

If yes, please give details:

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#### **Acknowledgement and acceptance:**

The particulars provided in this Employment Application form are true and correct to the best of my knowledge and I realize any wilful misstatement or omission of fact may render me liable for dismissal. I understand that my employment is subject to an initial one month trial period. At the end of this period management reserves the right to terminate employment without provision of grievance procedures or obligation of a permanent position.

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Signature

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Date

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Witness Signature

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Witness Name (Please Print Clearly)