

APPLICATION FOR EMPLOYMENT

PERSONAL DETAILS		
Last Name:		Given Name(s):
Address:		
Day Time Number:		After Hours Number:
Mobile:	Email:	
Other Language(s):	Have you ever worked for The Laura Johnson Home previously?	
Position Applied For:		
Preferred Hours (circle): FT PT Casual		
Are there any times that you would be unavailable? (include times for day, night and weekend shifts):		
EDUCATION/QUALIFICATIONS (Certified copies of highest qualifications should be attached)		
ESTABLISHMENT'S NAME	STANDARD ATTAINED	YEAR
Secondary:		
Tertiary:		
Other Education:		
PREVIOUS EMPLOYMENT / VOLUNTEER EXPERIENCE (Detail present and most relevant positions held)		
Employer:	Employer:	
Position Held:	Position Held:	
Dates Employed:	Dates Employed:	
Hours (circle): FT PT Casual Volunteer	Hours (circle): FT PT Casual Volunteer	
Reason for Leaving:	Reason for Leaving:	
Key Duties/ Tasks:	Key Duties/ Tasks:	
Employer:	Employer:	
Position Held:	Position Held:	
Dates Employed:	Dates Employed:	
Hours (circle): FT PT Casual Volunteer	Hours (circle): FT PT Casual Volunteer	
Reason for Leaving:	Reason for Leaving:	
Key Duties/ Tasks:	Key Duties/ Tasks:	

REFEREES

(Please attach copies of written references if obtained)

Specify details of at least two referees who are either work or volunteer related (preferably not family members).

NAME	TITLE	COMPANY	WORK NUMBER

VEHICLE DETAILS (please circle):

Do you have current Drivers Licence? **YES/ NO**

Drivers Licence Type? **CAR/ BUS / OTHER**

ACKNOWLEDGEMENTS

Any future employee's should be aware of the Queensland Workplace Health & Safety Act 1995 as amended 2003- Division 3 Section 36 "Obligations of Workers and Other Persons". I acknowledge and agree to the following recruitment processes occurring for my application to proceed:

- ◆ Federal Police Check
- ◆ Critical Job Demands
- ◆ Reference Checks
- ◆ Functional Capacity Assessment and/or
- ◆ Pre-Employment Medical

I acknowledge that if I deliberately give false information with respect to any of the above areas, my employment may be ceased.

APPLICANT'S SIGNATURE:

DATE: