



Emmerton Park Incorporated

APPLICATION FOR EMPLOYMENT

Position Applied For:	Ref. No:	
Location		
Type of Employment:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual	

PERSONAL DETAILS						
Surname:			(Mr / Mrs / Miss / Ms) <small>Please Circle</small>			
Given Names:						
Address:						
Suburb:				Post Code:		
Postal Address: <small>(if different from above)</small>						
Phone:	Home:		Mobile:		Work:	
Driver's Licence No: <small>(only if required for position)</small>		Expiry Date:		Class:		
Are you legally entitled to work in Australia? <small>(please note if you are not an Australian citizen your details will be checked on Vevo)</small>				<input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you find out about this position?	<input type="checkbox"/> Internet		<input type="checkbox"/> Word of Mouth		<input type="checkbox"/> Staff Member	
	<input type="checkbox"/> Newspaper		<input type="checkbox"/> Other			

EDUCATION AND QUALIFICATIONS <small>(include present studies)</small>			
Secondary Education <small>(last school)</small>	FROM	TO	Final Standard Reached
Certificate/Trade Qualifications <small>(Recognised Training Organisation)</small>	FROM	TO	Qualification/Trade Attained
Tertiary Education <small>(Institution)</small>	FROM	TO	Qualifications Gained

OTHER QUALIFICATIONS GAINED OR COURSES ATTENDED		
COURSE/QUALIFICATION	CONDUCTED BY <small>(Organisation)</small>	COMPLETION DATE



Emmerton Park Incorporated
APPLICATION FOR EMPLOYMENT

PROFESSIONAL MEMBERSHIPS / AFFILIATIONS			
ORGANISATION	REGISTRATION NO / LEVEL	FROM	TO

REFEREES (Not Personal)			
Please give the names of three (3) people who have agreed to provide evidence of your work performance for this position. Direct supervisors are preferred.			
NAME	POSITION	ORGANISATION	PHONE NUMBER

EMPLOYMENT HISTORY (Start With Most Recent Position)			
Employers Name & Address	Dates		Position Held & Major Duties Performed
	From	To	

DECLARATION			
(A) Emmerton Park Incorporated is an Equal Opportunity Employer.			
(B) Are you aware of any health condition that could prevent you from carrying out the duties in manner which is safe to clients, the general public, co-workers and yourself?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes Please give details:			
(C) I declare the information given in this form is, to the best of my knowledge, correct and I understand that if any appointment offered to me may be terminated without notice should this prove to be incorrect.			
APPLICANT'S SIGNATURE		Date	
THIS SECTION MUST BE COMPLETED FOR ANY POSITION THAT INVOLVES DIRECT CLIENT CARE			
Date of Most Recent Vaccinations for Tuberculosis		Hepatitis C Vaccination	