**APPLICATION FOR EMPLOYMENT**

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| * *This form is to be completed for all applications for employment* * *Complete form in space provided or indicate not applicable with N/A* |

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| **JOB VACANCY DETAILS** | |
| **POSITION TITLE** |  |
| **LOCATION** |  |
| **CLOSING DATE** |  |

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| **WHERE DID YOU LEARN ABOUT THIS VACANCY? (Please Insert X)** | | | | | | | | | | | | |
| **INTERNET** |  | Anglicare Website | |  | | Seek |  | | My Career |  | | Career One |
|  |  | Internal ACQ Email | |  | | QCOSS |  | | ACOSS |  | |  |
| **NEWSPAPER** |  | The Gladstone Observer |  | | | The Morning Bulletin |  | | Central Qld News |  | | Blackwater Herald |
|  |  | Longreach Leader |  | | | Central Telegraph |  | | Capricorn Coast News |  | | Other |
| **OTHER** |  | University/  TAFE Job board | |  | Word of  Mouth | |  | Recruitment  Agency | |  | Other | |

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| **APPLICANT DETAILS** | | | | | | | | | | | | | | | |
| Preferred Title  (Please insert X) |  | Mr |  | Mrs |  | Ms | |  | Other | |  |  | |  |  |
| Surname |  | | | | | | First Name(s) | | |  | | | | | |
| Residential Address |  | | | | | | | | | | | | | | |
|  | | | | | | | | | Postcode | | |  | | |
| Postal Address |  | | | | | | | | | | | | | | |
|  | | | | | | | | | Postcode | | |  | | |
| Contact Numbers | (daytime) (evening) (mobile) | | | | | | | | | | | | | | |
| Email Address |  | | | | | | | | | | | | | | |

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| Do you have legal status to work within Australia? | Yes  No |
| Do you have permanent residency? | Yes  No |
| If no, please state the name and type of your working permit/visa (providing copy as evidence) | Expiry Date: |

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| Is there anything in your religious/cultural beliefs that will prevent you from working in the advertised role? | Yes  No (if yes give details) |
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| Are there any health or wellbeing issues that you have that will prevent you from working in the advertised role? | Yes  No (if yes give details) |
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| **CURRENT EMPLOYMENT DETAILS (Anglicare Employees Only)** | | | | | | | | |
| Position Title |  | | | | | | | |
| Program |  | | | | | | | |
| Location |  | | | | | | | |
| Employment Status |  | Casual |  | Part-Time |  | Full-Time |  | Contractor |
| Email Address |  | | | | | | | |

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| **EEO/DIVERSITY INFORMATION** | | | |
|  | Person with a disability |  | Person from an Indigenous/Aboriginal background |
|  | Person from a non-English Speaking Background |  | Torres Strait Islander background |
|  | Women |  | Person from an Australian South Sea Islander background |
| **Completion of this section is voluntary and any information that is provided will be used for statistical reporting purposes only and will be treated with strict confidence.** | | | |

**PLEASE PROVIDE TWO EMPLOYMENT RELATED REFERENCES FROM WHOM CONFIDENTIAL REFERENCES MAY BE OBTAINED**

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| **FIRST REFERENCE** | | | | | | | | | | | | | | | |
| Preferred Title  (Please insert X) |  | Mr |  | Mrs |  | Ms | |  | Other | |  |  | |  |  |
| Surname |  | | | | | | First Name(s) | | |  | | | | | |
| Postal Address |  | | | | | | | | | | | | | | |
|  | | | | | | | | | Postcode | | |  | | |
| Contact Numbers | (daytime) (evening) (mobile) | | | | | | | | | | | | | | |
| Email Address |  | | | | | | | | | | | | | | |
| Do we have permission to contact this referee? | | | | | | | Yes  No | | | | | | | | |

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| **SECOND REFERENCE** | | | | | | | | | | | | | | | |
| Preferred Title  (Please insert X) |  | Mr |  | Mrs |  | Ms | |  | Other | |  |  | |  |  |
| Surname |  | | | | | | First Name(s) | | |  | | | | | |
| Postal Address |  | | | | | | | | | | | | | | |
|  | | | | | | | | | Postcode | | |  | | |
| Contact Numbers | (daytime) (evening) (mobile) | | | | | | | | | | | | | | |
| Email Address |  | | | | | | | | | | | | | | |
| Do we have permission to contact this referee? | | | | | | | Yes  No | | | | | | | | |

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| **Declaration** |
| I, declare all the information in this application for employment to be, to the best of my knowledge and belief, true and correct. I acknowledge that failing to disclose information, withholding information or providing false or misleading information may result in termination of employment.  Signature of Applicant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |