

FORM A13 EMPLOYMENT APPLICATION

Unit 1/98 Lake Street

Northbridge WA 6003

Tel: 08 9328 3988 / Fax: 08 9228 3990

POSITION APPLIED FOR:							
Salutation:	Mr / Mrs / Ms / Mdm	(Circle one)					
Surname:		First Name:					
Address:				Date of Birth:			
Suburb:				Post Code:			
Tel: (Hse)				Mobile:			
Country of Origin:				Email Address:			
Visa: (Please ✓)	Australian		Permanent Resident		Student Visa		Other:
Language Spoken (Please ✓)	English		Mandarin		Cantonese		Vietnamese
	Others:						

Education and Training

Qualification / Training	Institution / RTO	Year Completed
Manual Handling		
Basic First Aid		

National Police Clearance (Valid as at):		NDIS Worker Screening (Valid as at) :	
Drivers Licence Expiry Date:		Driver License country of issue :	
Details of any driving convictions last 3 years:			
Vehicle make and model:		Vehicle insurance type:	
Vehicle reg. expiry:		Vehicle insurance expiry:	

Do you have any existing medical conditions that might affect your work performance YES___/ NO___

If YES, please give details: _____

Two references who may be contacted (At least one referee must be job related):

Name:		Name:	
Company:		Company:	
Position:		Position:	
Relationship:		Relationship:	
Contact Number:		Contact Number:	
Email:		Email:	

How soon could you start if offered employment? _____

EMPLOYMENT HISTORY (PLEASE GIVE DETAILS STARTING WITH MOST RECENT POSITION)

Company:	
Tel no.:	
Company website:	
Type of Business:	
Position held:	
Main Responsibilities:	
Duration (From/To):	
Reason for leaving:	
Company:	
Tel no.:	
Company website:	
Type of Business:	
Position held:	
Main Responsibilities:	
Duration (From/To):	
Reason for leaving:	

Availability (weekly time periods – e.g., 8am -4 pm):

Monday		Tuesday		Wednesday	
Thursday		Friday		Saturday	
Sunday					

Available to work during Public Holidays? YES___/ NO___

Available to work overnight? YES___/ NO___

Please give details of any family or friends who have service with or work for Chung Wah Community Care (if any):

Surname:		First Name:		Relationship	
Surname:		First Name:		Relationship	

How did you come to know about Chung Wah Community and Aged Care? (Please ✓)

Chung Wah Newsletter		Chung Wah CAC Newsletter		Facebook / Social Media		Radio / Streaming e.g. YouTube	
Friends Recommendations		Chinese Newspaper		TV		Others please specify:	

Signature of Applicant

Date

Send completed form to:
Recruitment@chungwahcac.org.au