

FORM A13 EMPLOYMENT APPLICATION

Position Applied For		Availability	
Residential Status	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Visa Holder: (type) , expiry date (dd/mm/yyyy):		
Language Spoken	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other specified:		

PERSONAL INFORMATION

Surname		First Name	
Preferred Name		Salutation	Mr / Mrs / Ms / Miss
Date of Birth		Country of Origin	
Home Address		Suburb	
Post Code		State	
Mobile		Email Address	

EDUCATION AND TRAINING (Please ✓ if applicable)

Qualification / Certificate	Institution / RTO	Year Completed
<input type="checkbox"/> Certificate III in Individual Support		<input type="checkbox"/> Placement Completed
<input type="checkbox"/> Manual Handling		
<input type="checkbox"/> Basic First Aid		

REFERENCES (Please provide contact details for two professional referees familiar with your work performance)

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

EMPLOYMENT HISTORY (Starting with the most recent position)

Company			
Position Held		Employment Type	
Employment Start		Employment End	
Reason for Leaving			

EMPLOYMENT HISTORY

Company			
Position Held		Employment Type	
Employment Start		Employment End	
Reason for Leaving			

ADDITIONAL INFORMATION

1. Do you have a recent National Police Clearance? Yes, valid as at: _____ / No

2. Do you have a recent NDIS Worker Screening? Yes, valid as at: _____ / No

3. Do you have a Driving Licence? Yes / No (If no, skip question 3)

Driver Licence Expiry Date		Country of Issue	
Details of any driving convictions in the past 3 years			

4. Do you have your own Vehicle? Yes / No (If no, skip question 4)

Vehicle Make		Model		Vehicle Rego Expiry	
Vehicle Insurance Type				Vehicle Insurance Expiry	

WORKING AVAILABILITIES (For Support Worker Applicants Only)

1. Are you available to work during a Public Holiday? Yes / No

2. Are you available to work overnight? Yes / No

3. What are your weekly availabilities? (Preferably within 8 am – 5 pm, minimum 4 days on weekdays)

Monday		Tuesday		Wednesday	
Thursday		Friday		Saturday	
Sunday					

OTHERS

1. Do you have any medical conditions that might affect your work performance? Yes / No

If yes, please provide details: _____

2. Please give details of any family or friends who have served with or worked for CWCC.

Surname		First Name		Relationship	
Surname		First Name		Relationship	

3. How do you know about Chung Wah Community Care?

<input type="checkbox"/> Chung Wah Newsletter	<input type="checkbox"/> Chung Wah Website	<input type="checkbox"/> Social Media	<input type="checkbox"/> Facebook / YouTube
<input type="checkbox"/> Friends and Families	<input type="checkbox"/> Other (please specify):		

Email the completed application form to hr@chungwahcc.org.au.

Declaration of Consent for Collection, Use, and Retention of Personal Information

I hereby acknowledge and provide my consent for Chung Wah Community Care (CWCC) to collect, use, and retain my personal information provided in this application form for the purpose of recruitment, selection, and, if applicable, employment.

I understand that:

- My personal information will be handled in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs).
- The information collected may include, but is not limited to, my name, contact details, work history, qualifications, and identification documents.
- The information will be used solely for assessing my suitability for the position applied for and any related recruitment activities.
- If my application is unsuccessful, my personal information will be securely retained for a reasonable period to address any queries or disputes arising from the recruitment process, after which it will be securely destroyed or de-identified.
- If my application is successful, my personal information will form part of my employee records and will be retained in accordance with applicable laws and company policies.
- I have the right to access, update, or correct my personal information held by CWCC by contacting the Human Resources Department.

I declare that the information I have provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any false or misleading information may result in the rejection of my application or, if employed, disciplinary action up to and including termination of employment.

By signing below, I confirm that I have read, understood, and agreed to the information as outlined above.

Signature of Applicant

Full Name of Applicant (Printed)

Date