

Unit 1/98 Lake Street, Northbridge WA 6003 Tel: 08 9328 3988 / Fax: 08 9228 3990

## FORM A13 EMPLOYMENT APPLICATION

ORWITH E		1111011						
Position Applied For					Availability			
Residential Status	☐ Australian Citizen ☐ Permanent Resident ☐ Visa Holder: (type), expiry date (dd/mm/yyyy):							
Language Spoken	☐ English ☐ Mandarin ☐ Cantonese ☐ Vietnamese ☐ Other specified:							
PERSONAL INFORM	ATION							
Surname		First Na	me					
Preferred Name		Salutation		Mr	r / Mrs / Ms / Miss			
Date of Birth			Country of Origin					
Home Address			Suburb					
Post Code			State	State				
Mobile		Email Addre						
EDUCATION AND TR Qualification / Certifi	· · · · · · · · · · · · · · · · · · ·	if applicabl				Voor Completed		
Qualification / Ceruii	cate	Institutio	n/KIO			Year Completed		
☐ Certificate III in Individual Support ☐ Manual Handling						☐ Placement Completed		
☐ Basic First Aid								
DEFEDENCES (DI	.1 1 .	·1 C .	<u> </u>	1 . C	C '1			
Name:	provide contact deta	alls for two	Nam		[amii	liar with your work performance)		
Company:				pany:				
Position:			Posit					
Relationship:			Rela	tionship:				
Contact Number:			Cont	act Number	r:			
Email:			Email:					
EMPLOYMENT HIST	ORY (Starting with	the most re	ecent posit	tion)				
Company								
Position Held			Em	ployment Ty	уре			
Employment Start			Em	ployment Er	nd			
Reason for Leaving								

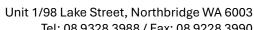


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## EMPLOYMENT HISTORY

EMPLOYMEN	THISTORY	Y									
Company											
Position Held						Employment Type					
Employment St	art				Employment End						
Reason for Lea	ving				1		<u>'</u>				
ADDITIONAL	DIEGODI (A)	ELON.									
ADDITIONAL			olice Clearan	ce?		Ves valid a	c at·		/ No		
<ol> <li>Do you have a recent National Police Clearance?</li> <li>Do you have a recent NDIS Worker Screening?</li> </ol>				Yes, valid as at:/ No 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 d in the past 3 year	_	ctions									
4. Do you have your own Vehicle?					Yes / No (If no, skip question 4)						
Vehicle Make		Mod	del		Vehicle Rego Expiry						
Vehicle Insuran	се Туре				Vehicle Insurance Expiry						
WORKING AVAILABILITIES (For Support Worker Applicants Only)  1. Are you available to work during a Public Holiday?  2. Are you available to work overnight?  3. What are your weekly availabilities? (Preferably within 8 am – 5 pm, minimum 4 days on weekdays)								kdave)			
Monday Monday	и ческіў а	v anabiit	Tuesday	oly within	ii o aii	- 3 pm, mm	Wednes		Muays)		
Thursday			Friday				Saturda				
Sunday								- I			
OTHERS			_								
1. Do you have			ons that migh	nt affect	your	work perfor	mance?	Yes /	No		
If yes, please pr	ovide details	:									
2. Please give d	letails of any	family o	or friends wh	o have s	erved	l with or wor	ked for (	CWCC.	T		
Surname			First Name				Relation	•			
Surname						Relation	ship				
3. How do you	know about	Chung \	Wah Commu	nity Ca	re?			T			
☐ Chung Wah	ng Wah Newsletter			g Wah Website					oook / YouTube		
☐ Friends and I	Families	lies $\square$ Other (please specify):									

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



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## 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)	)