

Previous Employment (Please show most recent employer first)

Employer: _____

Date Commenced: _____ Date Ended: _____

Position Held: _____

Main Responsibilities: _____

Reason for Leaving: _____

Employer: _____

Date Commenced: _____ Date Ended: _____

Position Held: _____

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Employer: _____

Date Commenced: _____ Date Ended: _____

Position Held: _____

Main Responsibilities: _____

Reason for Leaving: _____

Suitability

This position requires certain skills, abilities and training (see criteria).
Please state why you believe you are suited to this position.

Education

Level of education obtained at High School?

- High School Certificate
- School Certificate
- Other _____

Since leaving school what training have you completed?

Tertiary (TAFE/ University)

Qualification	Institution	Year Obtained

Workshops/ Other Training

Name of Training	Training Body	Date Obtained

Do you have a Drivers Licence? Yes No

Class: _____

Do you have a current 1st Aid Certificate? Yes No

Please provide details of any other skills, experience etc that you feel would benefit Share Care (e.g. second language, experience working with CALD backgrounds, experience working with Aboriginal or Torres Strait Islander communities, networks)

Referees

Please provide details of referees from previous employment who may be contacted to provide information on your past and/or present employment.

Referee 1

Name _____
Position _____
Organisation _____
Phone Number _____
Email _____

Referee 2

Name _____
Position _____
Organisation _____
Phone Number _____
Email _____

Referee 3

Name _____
Position _____
Organisation _____
Phone Number _____
Email _____

Do you have any illness, injury or disability that may affect your ability to carry out the responsibilities of this position? Yes No

Please be assured that Share Care does not place you at an unfair disadvantage for the position as a result of your illness, injury or disability.

If yes, please supply details

I, _____ understand that a probationary period applies to this position. I also understand that any false or misleading information given by me in this application may render my contract of employment, if I am appointed, liable to termination.

I declare that the information provided by me in this application is true and correct.

Signature: _____ Date: _____

Office Use Only

Police Check attached	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Resume attached	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has Applicant been interviewed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, Interview Guide Attached	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Reference Checks attached	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

After interview, contacting referees and consideration of application is the candidate to be offered the position? Yes No

If no, please supply reasons:

Unsuccessful Letter sent Date ____/____/____

Candidate suitable for other positions Yes No
Please specify position

If position was offered and accepted

Contract Request Form attached
Working with Children Check attached
Police Check documentation attached

Sign Off - Manager

Name _____
Signature _____
Date _____

Sign Off – Executive Manager

Name _____
Signature _____
Date _____