



Gympie & District Home For The Aged Inc

APPLICATION FOR EMPLOYMENT

Please complete the following boxes and attach your resume and other supporting documentation.

Position Sought _____

Name		Preferred name
Address		
Home phone	Mobile	Email

Prior to any Offer of Employment being made, Gympie & District Home for the Aged Inc. requires a current Police Check. We may also request the following:

- To view any qualifications, registrations, licences, including driving licence
- To view a copy of your WorkCover claims history

1. EMPLOYMENT HISTORY - Please Give details of your most recent employment, or write ' See Resume'

EMPLOYER	POSITION HELD	FROM / TO	REASON FOR LEAVING

2. QUALIFICATIONS – Please give details of relevant qualifications, or write ' See Resume'

	INSTITUTION	STANDARD ATTAINED	YEAR
Secondary:			
Tertiary:			
Certificates/Diplomas/Degree:			
Other:			

3. Please circle the type of work you are looking for: Casual Only Full-time Part-time

On the following table, please write a number in each box to indicate your availability for the shifts shown and/or comment below:

3-Prefer 2-Will work 1-In emergencies only 0-Will Not

Week	Sat	e.g.	Sun	Mon	Tue	Wed	Thur	Fri
	1	Am	2	Am	Am	Am	Am	Am
	Pm	2	Pm	Pm	Pm	Pm	Pm	Pm
	Night	0	Night	Night	Night	Night	Night	Night
Week	Sat		Sun	Mon	Tue	Wed	Thur	Fri
2	Am		Am	Am	Am	Am	Am	Am
	Pm		Pm	Pm	Pm	Pm	Pm	Pm
	Night		Night	Night	Night	Night	Night	Night

Comments _____

4. Are you an Australian Citizen or permanent resident? Yes No

If No, does your current visa permit you to work in Australia? Yes No

5. Please provide the current contact details of three persons with whom you have worked in previous roles or projects, to act as referees.

Name _____	Ph: _____
Title _____	Company _____
Name _____	Ph: _____
Title _____	Company _____
Name _____	Ph: _____
Title _____	Company _____

6. Some of the roles at Coinda present tasks which may be physically challenging. More specific details regarding the physical demands of each role are provided in the position description prior to employment. Please tick the boxes to indicate tasks with which you may have difficulty.

	Yes	No
Using lifting hoists to move residents	<input type="checkbox"/>	<input type="checkbox"/>
Lifting up to 10kg from ground level	<input type="checkbox"/>	<input type="checkbox"/>
Repeated bending	<input type="checkbox"/>	<input type="checkbox"/>
Pushing residents in wheelchairs more than 50metres	<input type="checkbox"/>	<input type="checkbox"/>
Standing for periods up to 5 hours	<input type="checkbox"/>	<input type="checkbox"/>
Sitting for periods of more than 2 hours	<input type="checkbox"/>	<input type="checkbox"/>
Using powered equipment, such as lawnmower, wiper-snipper etc.	<input type="checkbox"/>	<input type="checkbox"/>

If you would like to add comments, please do so

Coinda provides Personal Protective Equipment, task-specific training, Job Safety Analysis, and other information to minimise the risk of injury to employees.

Do you have any medical conditions, illnesses or injury which COULD at times affect your ability to perform your duties? (NOTE: We aim to accommodate such conditions wherever reasonably practicable) Yes No

If Yes, please detail _____

Do you ever take medication which may affect your ability to perform your duties? (NOTE: We aim to accommodate such conditions wherever reasonably practicable) Yes No

If Yes, please detail _____

Do you drink alcohol? Yes No If Yes, how much, how often on average?

Coinda is a non-smoking site. Do you, or have you ever, smoked? Yes No. If Yes, how much, how often on average? _____

7. Please tick the boxes below to indicate whether you have ever suffered from any of the following conditions.

Asthma or other conditions affecting breathing	<input type="checkbox"/>	Hernia	<input type="checkbox"/>
Epilepsy, fits, seizures	<input type="checkbox"/>	Fainting / Blackouts	<input type="checkbox"/>
Migraines/ headaches	<input type="checkbox"/>	Back pain	<input type="checkbox"/>
Neck Pain	<input type="checkbox"/>	Pain in knees or leg joints	<input type="checkbox"/>
Pain in shoulders or arms	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>

If 'yes' to any of these questions, please detail

Coinda provides Training, PPE, Job Safety Analysis and other information to minimise the risk of injury to staff.

Are you colour blind to any degree? Yes No

Do you wear glasses for reading or at any other time? Yes No

As far as you are aware, do you have any hearing impairment? Yes No

If 'yes' to any of these questions, please detail

Existing medical conditions or disabilities NOT affecting your ability to perform the key tasks of your role, will have no effect on the consideration given to your job application.

- *I understand that failure to provide accurate information is likely to lead to an unsuccessful application, or termination of employment.*
- *I confirm that the information I provide here is, to my current knowledge, true and correct*
- *I understand that the completion of this form, and submission of my work history, is the first of several steps in applying for work at Coinda Aged Care.*
- *I understand that the information contained in this application will be treated as CONFIDENTIAL by Coinda, as per the Company's obligations under the Privacy Act.*

Signed: _____ **Date:** _____

Privacy of Personal Information Coinda collects personal, including sensitive information about employees and applicants. The collection of this information is for the primary purpose of assessing the suitability of an individual to a specific role. Information is collected through application forms, and face to face interviews, for example. Some of the information Coinda collects is to enable us to discharge our duty of care and legislative obligations. Health Information about employees is sensitive information within the terms of the Privacy Principles under the Privacy Act. Coinda needs this information which may include reports from third parties eg. medical and other treating professionals. Full and frank disclosure of information requested is necessary to establish a binding contractual relationship between the parties. Coinda will take reasonable steps to secure and protect all information held from misuse, interference, loss, unauthorised access, modification or disclosure. Information held by the Company will be either de-identified or destroyed when no longer required. Third parties have a right to make a written Complaint to the CEO if they consider these Privacy Principles have been breached.