

# BayswaterECHO

## Confidential Application for Employment

Position Applied for: \_\_\_\_\_

### PERSONAL DETAILS

Name: \_\_\_\_\_  
(Surname) (Given Name/s)

Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you legally permitted to work in Australia?  Yes  No

### EMPLOYMENT HISTORY

**Present Employment** (If unemployed, please show details of your last job)

Employers Name: \_\_\_\_\_

Duties: \_\_\_\_\_

Position Title: \_\_\_\_\_

Commenced on: \_\_\_\_\_

#### Previous Employment

Employers Name: \_\_\_\_\_

Duties: \_\_\_\_\_

Position Title: \_\_\_\_\_

Period Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Employers Name: \_\_\_\_\_

Duties: \_\_\_\_\_

Position Title: \_\_\_\_\_

Period Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

When could you commence employment with ECHO? \_\_\_\_\_

Are you prepared and available to work:

Weekends:  Yes  No

Public Holidays:  Yes  No

---

### EDUCATION AND TRAINING

**Secondary Education** (Please indicate which schools you have attended):

| Name of School | Level Attained | Year Completed |
|----------------|----------------|----------------|
|                |                |                |
|                |                |                |
|                |                |                |

**Relevant Training Courses** (Please fill in table below):

| Training Provider | Title of Course | Date |
|-------------------|-----------------|------|
|                   |                 |      |
|                   |                 |      |
|                   |                 |      |
|                   |                 |      |
|                   |                 |      |
|                   |                 |      |

**Relevant Certificates Attained** - (Please list below):

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

### EMPLOYMENT REFEREES

Please provide details of two persons (preferably previous employers) who would be prepared to give a verbal reference on your behalf:-

| Name | Company Name | Telephone No. |
|------|--------------|---------------|
|      |              |               |
|      |              |               |

**OTHER DETAILS**

Do you have a current Drivers Licence?  Yes  No

If so list class/es: \_\_\_\_\_

Drivers Licence No: \_\_\_\_\_

It is a requirement of all ECHO employees to provide a current Police Clearance:

Do you have a current Police Clearance?  Yes  No

Please provide details of any previous or current medical condition or restriction, physical or otherwise, which may affect your ability to perform the essential requirements of the job.

This must include any medical condition or restriction arising from a previous workers compensation claim. Failure to provide such information may jeopardise your rights to workers compensation if a pre-existing disability is aggravated at work (*Section 79 of the Workers Compensation and Rehabilitation Act 1981*).

\_\_\_\_\_

(Disclosure of a medical condition or restriction does not necessarily exclude an applicant from employment).

**DECLARATION BY APPLICANT**

I understand that any misrepresentation of facts in this application could be cause for termination if employed.

I understand that part of the application procedure may involve a medical examination by a medical officer nominated by Bayswater ECHO and I authorise disclosure of the results of this examination to Bayswater ECHO.

I consent to any reference checks that may be necessary to support this application.

I \_\_\_\_\_ hereby declare that the information contained in this application is to the best of my knowledge true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date