



Employment Application

Applicant Information

Full Name: _____ Date: _____
First Last

Address: _____
Street Address

City State Postcode

Phone: _____ Email _____

Date of Birth: _____

Job Title: _____

Are you an Australian Citizen or Permanent Resident? YES ☐ NO ☐ Gender: Male ☐ Female ☐

If no, do you have a working Visa? YES ☐ NO ☐

Are you of Aboriginal and/or Torres Strait Islander origin? YES ☐ NO ☐

If yes, please provide a copy of your passport: _____

Working with Children Check (apply online www.kidsguardian.nsw.gov.au)

Clearance number: _____ Expiry Date: _____

NDIS Screening Check Clearance number: _____

NDIS Worker Orientation Module Completed? YES ☐ NO ☐

Do you hold a Current First Aid Certificate? YES ☐ NO ☐

Have you applied to work at Vivability previously? YES ☐ NO ☐

References

Please list two professional references.

Full Name: _____ Relationship: _____

Email: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Address: _____

General Information

Is your resume a true and accurate reflection of your work and educational history? YES ☐ NO ☐

Have you ever been dismissed from a previous employment for misconduct or poor work performance? YES ☐ NO ☐

If offered the position, when would you be able to start? _____

What is your highest qualification received? _____

Do you provide permission for the storage and use of your personal and professional information for the purposes of employment, in line with privacy laws? *(Please note that unsuccessful applications are kept in secure places for three months)* YES ☐ NO ☐

Do you have a current driver's license? YES ☐ NO ☐

Do you have a criminal history that includes any convictions against you in relation to a serious sex offence or specified other assaults whether you have been convicted or not? YES ☐ NO ☐

What is the main language that you speak at home? Do you speak other languages? _____

Do you give permission to partake in a drug test? YES ☐ NO ☐

Are you a person with a disability? *If yes, what type of disability do you have and specify any assistance you may require:* _____

Medical and/or Health Conditions

Vivability has an obligation to ensure all its employees have a safe working environment. To avoid inadvertently placing you in a situation where your safety is at risk, we need to ensure we have done everything reasonably practicable to satisfy ourselves that you are physically and mentally capable of performing the tasks associated with the position for which you are being considered. To satisfy our responsibility under the Work Health & Safety legislation please answer the following questions by ticking "yes" or "no" and sign below where indicated.

Are you taking any regular medication or any other prescription medication that may affect your ability to do the job? *If yes, please provide details:*

YES NO
☐ ☐

Do you have/or have you suffered from any allergies that may affect your ability to do the job? *If yes, please provide details:*

YES NO
☐ ☐

Do you have or have you ever had any of the following health conditions?
If yes, please comment next to each category:

Angina/Heart Attack:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Rheumatic Fever:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dermatitis/Eczema:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Injury at Work:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Injury at Sport:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Sciatica/Leg pain:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Neck Pain:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Joint Pain/Arthritis:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Insulin Dependent Diabetes:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hearing Loss:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Epilepsy:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Frequent Headaches:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Chronic Degenerative Condition: Please Specify:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Neurological Condition:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mental Health Diagnosis:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pneumonia/Pleurisy:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Emphysema:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bronchitis:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Asthma:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has your health ever been affected by frequent use of information technology equipment? e.g., computers. <i>If yes, please provide details:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever had a Workers Compensation Claim before? <i>If yes, please provide details of such injury when it was sustained and if you are fit for pre-injury duties:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please specify any other condition not mentioned previously that may be aggravated whilst undertaking the inherent duties of the position or may impact on your ability to carry the duties of the position: _____

PLEASE PROVIDE YOUR AVAILABILITY

Availability	MON	TUES	WED	THURS	FRI	SAT	SUN
6AM - 9AM							
9AM - 3PM							
3PM – 9PM							
OVERNIGHTS							

Disclaimer and Signature

I certify that the information on this declaration is true and accurate to the best of my knowledge, and I have not withheld any information regarding my past or present employment or health.

If I have disclosed any health conditions above, I consent to my treating doctor or other treating practitioner providing information to the pre-employment assessment team for assessing my suitability to undertake the duties for which I have applied. Also, I agree to attend a medical examination with an agreed medical practitioner to review the impact of the above health information I have declared on my ability to perform my duties without affecting my health and safety.

I understand that by signing this form, I authorize Vivability to release information to the pre-employment assessment team.

I also understand that if it is found that I have provided false or misleading information I will not be employed, or my contract of employment may be terminated without notice.

Signature: _____ Date: _____

RECRUITMENT PROCESS

Applicants will be contacted to obtain all documentation. Regular recruitment takes place, and your application is placed on file until the next round for consideration. Interviews take place with preferred candidates, depending on client needs. Following will be a drug test then an induction process with training on specific areas of the business and training shifts to learn further information.

SUBMITTING YOUR APPLICATION

Please email your application including all required documentation to our HR Manager.

EMAIL TO:

recruitment@vivability.org.au

For general application enquiries please phone: 02 6301 9502