

Moran Health Care Group

APPLICATION FOR EMPLOYMENT



Welcome to Moran Australia (Residential Aged Care) Pty Ltd.

Your "Application for Employment" is important to us.

Please fill out the required fields and ask questions if you require further assistance. Please mark with N/A if not applicable. All questions MUST be completed for your application to be considered.

Please complete in your handwriting by using BLACK PEN and BLOCK LETTERS

Position					Home		
Status	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Casual	<input type="checkbox"/> Agency			
1. PERSONAL DETAILS							
<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	Family Name		
Given Name:					Preferred Name		
Email:							
Please note, pay slips are forwarded to this email address							
Address							
Suburb				State	Postcode		
Ph: Home				Mobile			
Postal address (if different to above):							
Address:							
Suburb:				State	Postcode		
Contact person in case of emergency:							
<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	Family Name		
Given Name					Preferred Name		
Address							
Suburb				State	Postcode		
Ph: Home				Mobile			
Relationship to you:							
2. CITIZENSHIP STATUS (Original or Certified copy to be provided)							
Are you an Australian Citizen?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you a Permanent Resident?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Birth certificate no:				Passport No:			
3.VISA (Note: to be eligible for employment, applicants must have the appropriate work visa or have permanent residency status)							
Original or Certified copy to be provided							
Are you on a work visa?				Are there any work restrictions to your Visa?		Visa class/subclass	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Please supply details of visa restriction							

4. REGISTERED NURSES ONLY (Original or Certified copy to be provided)			
Nursing Certificate Registration Number		OR General Certificate Registration Number	
Obtained from		Year	
Current Incremental Year of Service			
Additional qualifications and/ or skills (please provide proof of years completed)			
Certificate / Degree		Year	
Certificate / Degree		Year	

5. EDUCATIONAL HISTORY FOR ALL APPLICANTS			
Course, e.g. HSC, Masters, Bachelor	Institution / School	Year Started	Year Completed

6. FOR ALL APPLICANTS (tick all applicable):						
Software Programs used				Skill level		
Microsoft Office	Word	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Microsoft Office	Excel	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Microsoft Office	Outlook	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Computerised Care Plans		<input type="checkbox"/> Yes	<input type="checkbox"/> No	System name		
Other						

7. MOST RECENT EMPLOYMENT HISTORY RELEVANT TO THE POSITION				
<i>Start with your current / immediate/ previous employer</i>				
Start Date	Finish Date	Company	Role / Position Held	Reason for leaving

Other achievements (e.g. certificates, awards, diploma, volunteer awards, memberships etc.):

8. GENERAL PAST/CURRENT EMPLOYMENT			
Are you a current or previous employee of Moran Health Care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of aged care home
If yes, what was your reason for leaving			

Other work-related achievements (e.g. First Aid certificate, etc.):

9. ADDITIONAL INFORMATION - The position you have applied for may require driving..			
Do you possess a current Driver's Licence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drivers Licence No:		Type	
Where did you hear about us?			
Why do you want to work with us?			
Do you have a relative working for Moran? If yes, which aged care home.			
What are your favourite past times/activities?			

10. REFEREES – One must be your current or last employer			
Name	Organisation	Contact Number	Professional Relationship

11. CRIMINAL HISTORY RECORD CHECK / POLICE CLEARANCE (Original or Certified copy to be provided)			
As part of our duty of care under the Aged Care Act 1997, you are required to present an original or certified copy of a current police clearance certificate.			
No person who has, or is reasonably likely to have, unsupervised access to residents is allowed to work in an Aged Care Home managed or owned by the Group without a current Police Clearance Certificate and Statutory Declaration (as applicable).			
Police Clearance reference number			
Date obtained		Date of expiry	
Have you resided or been a citizen of another country (other than Australia) at any time since turning 16 years of age?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, you will be required to complete a Statutory Declaration in addition to providing evidence of Australian police clearance</i>			

12. GENERAL MEDICAL AND HEALTH INFORMATION			
Under the Occupational Health and Safety Act 2004 (Vic), Work Health and Safety Act 2011(NSW) we have an obligation to provide you with safe systems and work practices. To meet the 'employer' obligations, we need to ensure that you will be able to perform the full range of tasks attached to the position you have applied for.			
Therefore, we ask you to complete the following general questions which relate directly to the duties you may perform at any one of our Homes or at Head Office.			
Failure to disclose true and accurate detailed will result in the termination of your employment contract - if and when you are appointed.			
1. Have you been immunised for Hepatitis B?	<input type="checkbox"/> Yes	Year _____	<input type="checkbox"/> No
2. Have you been immunised for Influenza?	<input type="checkbox"/> Yes	Year _____	<input type="checkbox"/> No
3. Have you been immunised for TB (Tuberculosis)?	<input type="checkbox"/> Yes	Year _____	<input type="checkbox"/> No
4. If you have answered 'No' to any of the above, would you be willing to participate in a vaccination program?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
5. Do you have or have you had any Workers Compensation claims or medical history that may affect your employment?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If you answered 'Yes', could you please provide relevant details			
As part of our duty of care under the Occupational Health and Safety Act 2004 (Vic), Work Health and Safety Act 2011(NSW), if you are applying for any role (including permanent part time, full time or casual) we may refer you for a Pre-Employment Medical Assessment that can be performed by a General Practitioner of your choice.			
Do you consent to undergoing such an assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

13. APPLICATION FORM DECLARATION			
Please read the following, prior to signing this Application for Employment Form. Important: completion of this form is not a guarantee of employment.			
Applicants please note: you are required to provide all particulars on this form, as requested, to ensure full consideration of your application. If you are appointed under false/misleading information, you may be subject to immediate dismissal.			
<i>I (print name)</i>			
<i>certify that I have read all the above information and fully understand its meaning. I also confirm that all details and statements supplied by me, on this Application Form are true and accurate in every respect to the best of my knowledge.</i>			
<i>give my consent to check Visa details through Verification Online (VEVO) or Visa Entitlement Verification Faxback service</i>			
Signature		Date	

14. ATTACHMENTS			
Proof of identity provided – passport, visa or birth certificate & drivers licence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Curriculum Vitas (CV) / Resume attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Copy of Registration Certificate attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current Police Check	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	