

# PRE-EMPLOYMENT APPLICATION FORM



POSITION APPLIED FOR: \_\_\_\_\_ (please specify)

## **A: PERSONAL DETAILS**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Title: \_\_\_\_\_ (Mr/Mrs/Miss/Ms/Dr)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

Language(s) spoken (other than English):

Are you of Indigenous Australian and/or Torres Strait Islander Origin? Yes or No  
(Please circle relevant answer)

## **B: RIGHT TO WORK IN AUSTRALIA**

Do you have the right to work in Australia?  Yes  No

Do you have any work restrictions/conditions?  Yes  No (If Yes, please submit a copy of your working conditions Visa with this application and list the work restrictions / conditions below):

Nadrasca has an agreement with the Department of Immigration and Citizenship to check working conditions of Visas. Do you give permission for Nadrasca to conduct a check on your working rights and conditions?  Yes  No

## **C: SAFETY CHECKS**

### **1) Australian National Police Checks**

A Police Check is mandatory for all prospective workers in the disability industry.

Please note that failure to disclose offences may result in termination of your employment. In accordance with instruction from the Victoria Police (Victoria Police Records information Policy), the information received will be destroyed once the recruitment process is complete.

NB: the Police Check does not disclose driving offences; e.g. speeding and red light traffic offences.

### **2) International Police Checks**

It is mandatory that applicants who have resided overseas for more than 12 months in the last ten years undergo an International Police Check.

Have you lived in an overseas country for more than 12 months in the last 10 years?  Yes  No

If Yes, which country/countries? \_\_\_\_\_

Will either the Australian or International Police Check (if applicable) show a current police record?

Yes  No

If Yes, please provide more information below: \_\_\_\_\_

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### 3) Working with Children Check

It is Nadrasca policy that all applicants undergo a Working with Children Check before employment.

Do you have a current Working with Children Check for Employment?  Yes  No

### 4) Disability Worker Exclusion List

It is Nadrasca policy and a mandatory requirement of the Department of Health & Human Services (DHSS) that all applicants be checked to ensure that they are not listed on the Disability Worker Exclusion List managed by the Department of Health & Human Services.

*I acknowledge and consent to Nadrasca disclosing to the Disability Worker Exclusion Scheme of DHHS any information or making any notification as required by the Disability Worker Exclusion Scheme of DHHS, including but not limited to the disclosure of information that has been brought to the attention of Nadrasca as a result of the recruitment process.*

Will your name show on the Disability Worker Exclusion List report?  Yes  No

If Yes, please provide more information below: \_\_\_\_\_

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### D: DRIVER'S LICENCE

Do you have a current Victoria Driver's Licence?  Yes  No

Do you have any special conditions applied to your licence? If Yes, please specify below:

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### E: EDUCATIONAL/SPECIAL LICENCES

Please outline your educational history and/or any special licences (e.g. Forklift Licence, etc.) below:

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### F: WORK AVAILABILITY

For Community Options and Accommodation positions, what days or hours are you available to work?

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### G: HEALTH AND SAFETY

1. Are you able to fulfil the inherent requirements of the position you are applying?  Yes  No
2. If required, I consent to a medical examination to determine my capacity to safely perform the inherent requirements of the position I am applying?  Yes  No

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## Pre-Existing Injury or Disease Disclosure Statement

Nadrasca is committed to providing a safe working environment for all employees. As part of this it is our objective to ensure potential employees are not required to work in duties that they are not able to perform safely. As part of the application process for employment, we request you to disclose any pre-existing injury or disease which may be adversely affected by the performance of the inherent requirements of the position you have applied for – as described in the attached Position Description.

Pursuant to S. 41 of the Workplace Injury, Rehabilitation and Compensation Act 2013 (Vic) (“the Act”), you are required to disclose to any pre-existing injury or disease that you have suffered of which you are aware, and could reasonably be expected to foresee, could be affected by the nature of this proposed employment.

Failure to make a disclosure, or the making of a false or misleading disclosure, would disentitle you to compensation pursuant to the Act should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of your pre-existing injury or disease arising out of, or in the course of, or due to the nature of employment with will rely upon any failure to disclose in accordance with the provisions of the Act as grounds for denying compensation in accordance with section 41 (2) and 39 (4) of the Act.

Should any alteration, change or rearrangement be necessary to enable you to effectively carry out the inherent requirements of the position, we also request that you disclose these requirements. Nadrasca is an equal opportunity employer and will arrange any reasonable adjustment which would allow a person with a disability to perform the inherent requirements of the position and therefore compete equally with other applicants for the position.

## Disclosure Advice – (to be completed by the applicant)

Please disclose in the space below any pre-existing injuries or diseases that you suffer from, or have suffered from, which could be affected by the nature of your proposed employment with Nadrasca. (Attach a separate page if necessary).

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I confirm that I have read and understood the contents of the above information and state that I have disclosed all relevant information in relation to my health and physical ability to carry out the inherent requirements of this position.

**Signature of Applicant:** \_\_\_\_\_

## H: APPLICATION DECLARATION

I declare that all the information I have provided in relation to my application for the position I am applying is true and correct. I understand that any false or misleading information given in this application may render my contract of employment, if I am appointed, liable to termination. If I am the successful applicant for this position, I declare that I will notify all relevant authorities (if required to do so), that I have gained employment.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Nadrasca Privacy Statement

Any information contained or provided in response to this application will be treated as private information and will only be used in conjunction with this application. If you are employed, it will be part of your personal record. If you are unsuccessful, it will be shredded within one month of advice to you that your application was not successful.

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