

## APPLICATION FOR EMPLOYMENT

**Position Title:** Community Services Worker

**Return Address:** Unit 7 / 75 Cygnet Avenue, Shellharbour City Centre, NSW 2529

Please read and sign the attached Statement of Duties and return with application as evidence that you understand the role and duties of the position for which you are applying.

- Applicants are required to complete a Criminal Record Check and a Working with Children Check application
- Validated RTA printout of a demerit points offences search which is less than 4 weeks old is to be presented at interview

**Criminal Record / RTA Reports of recommended applicants which identify a potential risk to the Organisation or its clients are referred to the CEO for final decision re employment**

Following interview, recommended applicants will be required to successfully complete the following, prior to receiving an offer of employment:

- 100 point identification check
- Professional Referee Checks (2)
- A 'Fit for Work' assessment performed by a contracted provider. This can include physical and psychological assessment
- A driving competency assessment using a wheelchair accessible vehicle, performed by a driving consultant

### Applicant Details

Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Residential Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Essential Criteria

Drivers Licence No: \_\_\_\_\_ Expiry Date: \_\_\_/\_\_\_/\_\_\_\_\_

First Aid Certificate: Expiry Date: \_\_\_/\_\_\_/\_\_\_\_\_

**Employment History**

Please attach a copy of your resume. You will be asked to provide original evidence of claimed qualifications and training at time of Interview

**Equal Employment Opportunities**

The Cram Foundation supports and promotes Equal Employment Opportunity (EEO) Legislation

**Professional Referees**

Two supervisory referees are required for applicants recommended for employment. Cram reserves the right to contact current employers; however this will not be done without the prior communication with the applicant.

Applicants with no employment history should contact the Foundation for guidance

Referee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organisation and Title: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Referee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organisation and Title: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Vaccination Requirements**

The Cram Foundation complies with the NSW Health recommendations for occupational assessment, screening and vaccination against infectious diseases.

The following “New Recruit Declaration Form” is attached for your information. This or a medical certificate confirming exemption is required for all selected applicants

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

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

Please ensure you return your application with the following attachments:

- 1) Statement of Duties (signed)
- 2) New Recruit Declaration Form (completed)

## **New Recruit Declaration Form – Vaccination Program**

- The Cram Foundation complies with the NSW Health recommendation for occupational assessment, screening and vaccination against infectious disease.
- It is the policy of The Cram Foundation that applicants who cannot provide evidence of previous vaccinations and who do not wish to participate in the Cram program, will not be offered employment.

### **Option 1 Hep A / B protection**

- I have previously completed the Hep A / B vaccination program and do not wish to participate (evidence required)
- I agree to participate

### **Option 2 – Fluvax**

- I do have a current Fluvax (evidence required)
- I agree to participate

### **Option 3 – Pertusis (Whooping Cough)**

- I have previously completed the vaccination program and do not wish to participate (evidence required)
- I agree to participate

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

*Separate from application pack and file in staff personnel file*

**Office Use Only**

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

Sighted by Human Resources: \_\_\_\_\_

**Confirmation of Essential Criteria**

Current Drivers Licence:                      yes / no

Current 1<sup>st</sup> Aid Certificate:                      yes / no

Signed Statement of Duties:                      yes / no

New Recruit Declaration Form – Vaccination Program    yes / no

**Qualifications:** *(Original certificates to sighted and copied upon interview)*

- |                                  |                                     |
|----------------------------------|-------------------------------------|
|                                  | <i>(Database Codes)</i>             |
| Assistant in Nursing             | <input type="checkbox"/> AIN        |
| Certificate III Disability       | <input type="checkbox"/> Cert III   |
| Certificate III Other Discipline | <input type="checkbox"/> Cert III O |
| Certificate IV Disability        | <input type="checkbox"/> Cert IV    |
| Certificate IV Other Discipline  | <input type="checkbox"/> Cert IV O  |
| Clinical Support Team            | <input type="checkbox"/> CST        |
| Diploma in Disability            | <input type="checkbox"/> Diploma    |
| Diploma in Other                 | <input type="checkbox"/> Diploma O  |
| Enrolled Endorsed Nurse          | <input type="checkbox"/> EEN        |
| Enrolled Nurse                   | <input type="checkbox"/> EN         |
| Registered Nurse                 | <input type="checkbox"/> RegN       |