



Application for Employment

60 McCabe Street, Mosman Park, WA, 6012
Tel: 9383 5170 Fax: 9383 1230

ADDRESS ALL CORRESPONDENCE TO:
HR Department, PO Box 53, Mosman Park, WA, 6912

Important note:

Details provided in your application will not be a barrier to employment, but rather assists our Human Resources Department in identifying opportunities for appropriate placement of candidates.

If called for interview you will be required to produce original residency documents (ie visa, passport or birth certificate).

If your application is successful, you will be required to undergo and provide, at your own expense:

- a pre-employment medical
- a current National Police Certificate (must be no less than 3 months old)

If your application is successful and a Working with Children Card is a requirement for your position with Rocky Bay, Rocky Bay will meet the cost of applying for this Card.

You will also be required to provide original copies of:

- drivers licence (if required for the position)
- all relevant degrees, professional association memberships/registrations and/or certificates including Senior First Aid
- other employee details, as required.

Section 1: The position with Rocky Bay		
Position details	Position/s applied for:	Position Reference Number:
	Date Available to Start:	Date of Application:

Section 2: Personal information			
Personal details	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Surname:	
	Given names:		
	Preferred name:		
	Address:		
	Suburb:	State:	Postcode:
	Telephone (H):	Telephone (W):	
	Mobile:	Date of Birth (if under 21):	
	Email Address:		
	How would you like us to contact you (eg home phone, mobile?):		
Languages spoken other than English:			
Permanent residency	Are you an Australian Permanent Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	If NO, please provide valid visa details below with work rights:		
	Visa type/class:	Work condition:	
	Issue Date:	Expiry Date:	Country:

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Drivers licence	Licence Number: _____	State Of Issue: _____	Expiry Date: _____
	Class: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Type: <input type="checkbox"/> Probationary <input type="checkbox"/> Full	
	Endorsements (If any): _____		
	Do you have a vehicle which you would be prepared to use for work purposes (on receipt of the motor vehicle allowance)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Is this vehicle comprehensively insured? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Have you ever been disqualified from driving? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	If YES, please give reasons: _____ _____ _____		
Previous Rocky Bay experience	Have you ever been employed by Rocky Bay previously? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	If YES, please specify when: from ____/____/____ to ____/____/____		
	Reason for leaving: _____ _____ _____		
	Reason you now wish to work for Rocky Bay: _____ _____ _____		
Language or learning	Would you require additional assistance with learning (ie. such as help with reading, writing, working with numbers, etc)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	If YES, what help do you require? _____ _____ _____		
Convictions	Do you have any criminal or traffic convictions for any offences from any court, or are you currently the subject of any charge pending before any court? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	If YES, please provide details: _____ _____ _____		

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Section 3: Health

Please Note:

Appointment to this position will require a pre-employment medical examination at your own expense, by a medical practitioner of your choice. If you are the successful applicant you will be given a medical examination form for completion. Disclosure of a medical condition or restriction does not necessarily exclude an applicant from employment.

Do you now or have you ever had any of the following? (please tick box)

	Yes	No	If YES, please give details
Disability, illness or injury that might affect your performance of the role applied for, or necessitate Rocky Bay modifying the work environment (i.e. ramp, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
Allergy from, or reaction to, any antibiotic, medicines, drugs, insect bites, food or anything else?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Any medical or health related condition that may affect your ability to lift, lower, push, pull, carry or otherwise move, hold or restrain any object?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Any medical or health related condition that may be affected as a result of being exposed to medications, detergents, cleaning solutions and pesticides? (E.g. respiratory conditions such as asthma, dermatitis or eczema, allergenic reactions, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Treatment for an injury, illness or side effect as a result of being exposed to chemical or toxic substances or use of personal protective equipment (e.g. gloves)?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Worker's Compensation claim with a previous employer?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____

Section 4: Availability

If appointed, are you prepared to?

	Regularly	Occasionally	Rarely	Not at all
Working hours				
Work night duty (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work shifts (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work flexible hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work on public holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Please block the hours that you are available to work (by shading the appropriate boxes):

	1am	2am	3am	4am	5am	6am	7am	8am	9am	10am	11am	12pm
Mon												
Tues												
Weds												
Thurs												
Fri												
Sat												
Sun												
Public Holidays												

	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm	10pm	11pm	12am
Mon												
Tues												
Weds												
Thurs												
Fri												
Sat												
Sun												
Public Holidays												

Important Note:

If you **ARE NOT** attaching a copy of your Resume (CV), please complete Sections 5(a), (b) and (c), before completing Section 6 (applicant declaration).

If you **ARE** attaching a copy of your Resume (CV), please go straight to Section 6 (applicant declaration).

Section 5(a): Qualifications

Please specify your highest and any other relevant qualifications. Include any current certificates (eg Senior First Aid) and membership of professional associations.

Name and Location of Training Institution	Course/Qualification Name	Date Commenced	Date Completed

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Section 5(b): Employment history

Please list your previous work experience (most recent employer first):

Period employed (month/year) From To		Employer	Position Held	Reason for Leaving

Please detail any specific skills or experience that you consider relevant to your application for this position:

Section 5(c): Referees

Please provide the following details for two employment referees not related to you. (Please select people who are able to speak objectively about your suitability for the position. We may contact referees at any time and all information will be treated confidentially.)

	Referee One	Referee Two
Name of Referee		
Occupation		
Company		
Address		
Contact Telephone Numbers		

Comments (eg availability and best times to call referees or other contact details such as email address):

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Section 6: Applicant declaration

I _____
 acknowledge that under the terms of Section 79 of the Workers' Compensation and Assistance Act 1981, should a worker, at the time of seeking or entering employment, wilfully and falsely represent himself/herself as not having previously suffered from a disability and subsequently claims compensation for that disability, the insurance company may refuse to award compensation which would otherwise be payable.

Under the Privacy Amendment (Private Sector) Act 2000, I consent to Rocky Bay retaining the information stated herein on file for possible future employment purposes.

I consent to any reference checks which may be necessary to support this application. I understand that Rocky Bay reserves the right to independently verify my Visa, drivers licence, Working with Children and Police Clearance details, and to access details of any convictions that may be 'spent' (removed from a person's public viewable policy record). I consent to Rocky Bay doing so.

I certify that my answer to each of the above questions is true and that this information is correct. I understand that any misrepresentation of facts in this application could be cause for instant termination if I am employed by Rocky Bay.

Signed: _____ Date: _____

We are pleased to accept your application marked Private and Confidential via:

Post:	Fax: (08) 9383 1230	Personal Delivery:
Att: Human Resources Officer Human Resources Department PO Box 53, Mosman Park, W.A., 6912	Email: recruitment@rockybay.org.au	Att: Human Resources Officer Human Resources Department 60 McCabe Street, Mosman Park, W.A., 6012

Recruitment source	Where did you see this vacancy advertised?
	<input type="checkbox"/> Rocky Bay website
	<input type="checkbox"/> SEEK website
	<input type="checkbox"/> Other website (please specify) _____
	<input type="checkbox"/> West Australian newspaper
	<input type="checkbox"/> Other newspaper (please specify) _____
	<input type="checkbox"/> Word Of Mouth
<input type="checkbox"/> Other source (please specify) _____	