



Application for Employment – Disability Support Worker

Application Date: _____

Personal Information

Name: _____

Home Address: _____

Postal Address: _____

Home Ph: _____ Mobile Phone: _____ Email: _____

Are you legally entitled to work in Australia? YES NO

Qualifications & Experience

List all qualifications you have completed relevant to this position (please attach copies):

List your experience relevant to this position:

Referees

Please provide the contact details for two work related referees:

Name: _____ Contact Number: _____

Position & Company Name: _____

Name: _____ Contact Number: _____

Position & Company Name: _____

Employee Information

Do you have any illnesses or conditions, physical or otherwise, that would prevent you from carrying out the full duties of the position you are applying for? YES NO

If yes, please provide details: _____

Have you had any previous or current workers compensation claims? YES NO

If yes, please provide details: _____

Do you have access to a registered, insured and reliable 4 door motor vehicle? YES NO

If yes, please provide make and model: _____

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

Driver's License Number / State / Expiry Date: _____

Have you had any driving convictions in the last 3 years? YES NO

If yes, please provide details: _____

Have you had any criminal convictions in the last 5 years? YES NO

If yes, please provide details: _____

If requested, can you provide a non-negative (clean) drug and alcohol test? YES NO

Do you hold a current Senior First Aid Certificate? (If yes, please attach copy) YES NO

Do you hold a current National Police Clearance? (If yes, please attach copy) YES NO

Do you hold a current Working with Children's Check? (If yes, please attach copy) YES NO

Have you speak any languages other than English? YES NO

If yes, please provide details: _____

Have you have an internet accessible smart phone? YES NO

If yes, please provide details: _____

Availability (*Support Worker applications only*)

Please indicate what days of the week and times you are available for work

Monday AM PM Friday AM PM

Tuesday AM PM Saturday AM PM

Wednesday AM PM Sunday AM PM

Thursday AM PM

Are you able and willing to do overnight clients? YES NO

Are there any times that you are not available?

Additional Information

What motivated you to apply for this position?

Please tick ✓ if you have experience performing or using any of the below / Please circle if you are willing to learn

Wheelchairs Toileting Showering Medications

Sign language Cooking Manual handling

Is there any additional information you would like to add?

Declaration

The information provided in this application is used to determine an applicant's suitability based on the skills and qualifications required of the position. Providing false or misleading information may result in any offer of employment being withdrawn.

I agree and confirm my consent for Midwest Community Living Association Inc to use and disclose my personal information in the manner described within the guidelines of the Privacy Act.

I understand that by signing this declaration I confirm all information provided by me in this application is true and accurate to the best of my knowledge.

Applicant Name: _____

Applicant Signature: _____ Date: ____/____/____

Checklist

Is the following documentation attached to this application form?

Current resume Yes No

Cover letter Yes No

Copies of qualifications listed above Yes No

Copies of licenses and checks listed above Yes No

Office Use Only

Received by: _____ Date: ____/____/____