

FHRM21 – Application for Employment

Thank you for your interest in working at St Michael's Association Inc.

To apply please:

- Read the Information Pack sent to you or download from www.stmichaels.asn.au, then
- Complete this form and either
 Email: humanresources@stmichaels.asn.au
 Fax: 03 6334 2132
 Mail: PO Box 306 Newstead Tasmania 7250
 Deliver: 22 Hobblers Bridge Road, Newstead.
- If you have any questions with regards to the Information Pack or require further information please call 6331 7651

Please read me!

Welcome to St Michael's Association Incorporated, an equal opportunity employer.

It is important that all questions are answered fully. We want to be sure that you can properly perform your role in the workplace.

Your future employment may be affected if you fail to disclose relevant medical information which is pertinent to your ability to attend work or perform your role.

Question 1:

Name and contact details

Name _____

Address _____

Date of Birth _____ / _____ / _____

Home phone _____ Mobile _____

Email address _____

Nationality: Australian / Other (circle one): If 'Other' _____

Right to Work in Australia: _____

Emergency Contact (Next of Kin) Name _____

Address _____

Home phone _____ Mobile _____

Relationship _____

CODE	VERSION	NAME	DATE CREATED	APPROVED BY	DATE REVIEWED
FHRM21	1.2	Application For Employment	10/10/2011	CEO	17/05/2022

FHRM21 – Application for Employment

Question 2:

Position applied for

Positions Interested In	Please tick
Disability Support Worker	
Administration	
Other - Please specify:	

Question 3:

Type of work applied for

Full Time / Part Time / Casual (circle one)

Question 4:

I have attached a copy of my Resume showing my work history, training and qualifications

Yes / No (circle one) → If 'Yes' please go to Question 7

Note: We would prefer you to supply a resume or summary of your work history, and you may be asked to do so before this application is accepted.

Question 5:

Previous and current employment

Please briefly outline your recent and current working roles:

Name of Employer	Start / finish dates	Reason for Leaving

CODE	VERSION	NAME	DATE CREATED	APPROVED BY	DATE REVIEWED
FHRM21	1.2	Application For Employment	10/10/2011	CEO	17/05/2022

FHRM21 – Application for Employment

Question 6:

Relevant training and qualifications

Briefly outline relevant training and qualifications (add extra pages if required):

Name of relevant qualification or training course	Date of completion	Name of training provider

Please don't attach copies of certificates to this application, but please bring documents along to the interview.

Question 7:

Reason for applying at St Michael's

Briefly outline your reasons for applying for employment at St Michael's Association Inc (add extra pages if required).

Question 8:

Work skills

Did you fill in this form yourself? Yes / No (circle one)

How would you describe your ability to read and write in English? (tick ✓ one)

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Below average
- ☐ Need full assistance

Do you need assistance with adding, subtracting, multiplication or division? (tick ✓ one)

- ☐ Yes
- ☐ No
- ☐ Sometimes
- ☐ Prefer to use a calculator

Do you hold a current drivers licence? (tick ✓ as appropriate)

- ☐ No
- ☐ Manual car
- ☐ Automatic car
- ☐ Public Vehicle
- ☐ Other _____

CODE	VERSION	NAME	DATE CREATED	APPROVED BY	DATE REVIEWED
FHRM21	1.2	Application For Employment	10/10/2011	CEO	17/05/2022

FHRM21 – Application for Employment

Do you hold an Australian Licence

Yes / No (circle one)

If Yes, which State of issue: _____

Do you need a work permit to work in Australia?

Yes / No (circle one)

Is English your first language?

Yes / No (circle one)

Languages spoken/written (other than English) _____

Are you prepared to obey safety rules and use protective clothing and equipment as required?

Yes / No (circle one)

Question 9:

Do you have a medical condition, disability or impairment that means you may require assistance if you are to effectively carry out the requirements of your job?

If you have an impairment or disability it will only be considered in relation to the role for which you have applied. St Michaels Association Inc. is an equal opportunity employer. Where possible adjustments will be made to support you in employment should your application be successful.

Yes / No (circle one)

If 'Yes', please provide additional information _____

Question 10:

Do you have a medical condition, disability or impairment that your supervisor should be aware of for safety or other reasons?

Yes / No (circle one)

If 'Yes', please provide additional information _____

Question 11:

Have you ever made a claim for Workers Compensation?

Yes / No (circle one)

If 'Yes', please give details

Date/Year of Claim	Nature of Injury/Illness	Duration of Incapacity

CODE	VERSION	NAME	DATE CREATED	APPROVED BY	DATE REVIEWED
FHRM21	1.2	Application For Employment	10/10/2011	CEO	17/05/2022

FHRM21 – Application for Employment

Question 12:

Shift availability for Support Worker positions

This question applies to applicants for Support Worker positions only.
For all other positions go directly to Question 12.

The usual shifts worked by Support Workers at St Michaels Association Inc. are described in the box below. Exact times may vary.

So that we are aware of your general availability please indicate which shifts (if any) you are unable to work by placing an X in the appropriate square.

If left blank this indicates that you are available for any shift listed below.

Shift	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Public Holiday
6am to 9am								
9am to 3pm								
3pm-6pm								
6pm to 11pm								
11pm to 7am (Sleep Over)								

I am prepared to work in another area or position if required: Yes / No (circle one)

I would be available to start on _____

Question 13:

Referees (Preferably work related)

We will contact 2 referees as part of a pre-employment check for the position. Referees are not usually contacted until after you have been interviewed.

Please provide the names and phone numbers for 2 referees who can provide information about your work skills and aptitude.

Fill-in the details below if this information is not already on your Resume:

Referee 1

Name _____ Phone _____

Relationship to you _____

Referee 2

Name _____ Phone _____

Relationship to you _____

CODE	VERSION	NAME	DATE CREATED	APPROVED BY	DATE REVIEWED
FHRM21	1.2	Application For Employment	10/10/2011	CEO	17/05/2022

FHRM21 – Application for Employment

Question 14:

Police Conviction check

It is a condition of employment that you must supply details of a recent conviction check which shows a record of any criminal convictions made against you.

Adverse convictions might preclude you for employment in particular roles.

If you have been a Tasmanian resident all your life then Tasmania Police can perform this check.

If you have ever lived interstate then you must supply an interstate check which is performed by that state or territory police, or by the Australian Federal Police.

Please indicate whether you have a recent police conviction check?

Yes / No (circle one)

If **'Yes'** please bring the documentation to the interview.

If **'No'** then you will be requested to provide the documentation at or after the interview. If the check is 'all clear' then we will reimburse you for paying the cost of the police check.

Question 15:

General

Please list any clubs, community groups, interests or leisure activities with which you are involved:

Have you any personal qualities not previously highlighted that might assist your application?

Are you a member of a professional association? Yes / No (circle one)

Please give details

CODE	VERSION	NAME	DATE CREATED	APPROVED BY	DATE REVIEWED
FHRM21	1.2	Application For Employment	10/10/2011	CEO	17/05/2022

FHRM21 – Application for Employment

Question 16:

Declarations and consent

By submitting this Application:

- I declare that I have read this form and understand the purpose and uses that may be made of the information I have provided,
- I declare that I have answered all questions honestly and completely and that I have not knowingly withheld any relevant information,
- I declare that I understand that incorrect or misleading statements of omission may render me liable for termination of appointment, render me liable to disciplinary action, and/or negate any future claim for compensable injury/illness,
- I agree that if my application for employment is accepted I will comply with the organisations policies and procedures,
- I grant permission for St Michael's Association of their agent to perform the required pre-employment checks, including contacting referees, verifying my previous employment and quality of work, and performing the necessary police background checks deemed relevant to my suitability for this role (e.g. check of criminal records and convictions),
- I consent for the release of relevant health and aptitude information by the testing facility to St Michaels Association Incorporated, and
- I acknowledge that this document does not constitute an offer of employment and that any offer of a position will be subject to the satisfactory completion of a probationary period.

☐ Insert a tick ✓ here to indicate your agreement with the above

Summary

No more questions! This is just a quick summary to help you check your application:

- ☐ Have you answered all questions?
- ☐ Have you signed the Declarations and Consent at Question 13?
- ☐ Have you attached a copy of your Resume (if available)?
- ☐ Have you attached a copy of your police check (if available)?

Signature _____ Phone _____

This is the end of the application
Please sign and return the completed form to the People & Culture Team

Thank you for your application

CODE	VERSION	NAME	DATE CREATED	APPROVED BY	DATE REVIEWED
FHRM21	1.2	Application For Employment	10/10/2011	CEO	17/05/2022