



# Application for Employment

**Family Name (Block Letters)** .....

**First Names** .....

**Address** .....

.....

**Telephone No. & Email id**.....

**Area of Employment:**

(Tick Appropriate Response)

Administration

Allied Health

Housekeeping

Kitchen

Maintenance

Nursing       AIN       EN       RN

Aged care    Hospital    Theatre

                                 Registration Number .....

Other .....

**Employment Hours:** Full Time/ Part Time/ Casual ..... Hours per week available

If you do not have Australian citizenship please attach a copy of your permit to work in Australia.

**Employment History (last five years):**

Employer and Position	From	To
.....	...../...../.....	...../...../.....
.....	...../...../.....	...../...../.....
.....	...../...../.....	...../...../.....
.....	...../...../.....	...../...../.....

You may attach your resume and photocopy of your qualifications.

I certify that the information given in this Application Form is correct in every detail. I accept that if employed false information provided in this application may result in dismissal.

Signature..... Date ...../...../.....

Please enclose your application form in an envelop before handing it in.