



VALMAR  
Linking Community

# EMPLOYMENT APPLICATION

Applicant Details			
Full Name:	Click or tap here to enter text.		
Email:	Click or tap here to enter text.		
Postal Address:	Click or tap here to enter text.		
	Suburb: Click or tap here to enter text.	State: Choose an item.	Postcode: Click or tap here to enter text.
Contact Number:	Home:Click or tap here to enter text.	Mobile:Click or tap here to enter text.	
Gender:	Click or tap here to enter text.	Date of Birth: Click or tap to enter a date.	*Country of Birth: Click or tap here to enter text.
*Do you identify as Aboriginal or Torres Strait Islander?		Choose an item.	
<b>* This information is used solely for statistical purposes and is optional</b>			
Please confirm your up to date vaccination status against COVID 19?	Choose an item.		
Have you had your COVID 19 Booster vaccination?	Choose an item.	If NO, when will this be finalised? Click or tap here to enter text.	
Are you an Australian Citizen/ Permanent Resident?	Choose an item.		
If NO, please provide expiry date and visa status:	Expiry Date:Click or tap to enter a date.		
	Choose an item.		
	<input type="checkbox"/> If you selected Other, please specify:		
Do you have a current Australian driver's licence?	State: Choose an item.	Licence No:Click or tap here to enter text.	
Choose an item.	Expiry Date: Click or tap to enter a date.	Licence Type: Click or tap here to enter text.	
Have you been convicted of a traffic offence within the past three years?	If YES, please specify below: Click or tap here to enter text.		

Choose an item.		
<p><i>Successful applicants are required to undertake a pre-employment criminal record check for employment in the Aged Care sector and an NDIS (National Disability Insurance Scheme) Working Screening Clearance for employment in the Disability sector and other background checks.</i></p>		
Do you consent to a background check being undertaken?	Choose an item.	
Have you ever been convicted of any criminal offence?  Choose an item.	If YES, please specify: Click or tap here to enter text.	
Are you currently facing charges yet to be determined for any criminal offence?  Choose an item.	If YES, please specify: Click or tap here to enter text.	
<p><i>Please note that a criminal conviction does not necessarily preclude you from employment with Valmar Support Services Ltd, as consideration will be given to the nature of the offence. If you would like to discuss details of any offence, please contact Valmar's Human Resource Manager on 02 6947 4150.</i></p>		
<b>Type of Employment</b>		
Position Applied for:	Choose an item.	If applying for various positions, please specify below: Click or tap here to enter text.
Have you previously applied for a position with Valmar?	Choose an item.	If so, which previous position did you apply for? Choose an item.
<p>Please select the type of employment you are seeking (Please check all that apply)</p> <p><input type="checkbox"/> Casual                                      <input type="checkbox"/> Part Time                                      <input type="checkbox"/> Full Time</p>		
<p>Some services required shift work, please select which shift you would be available for?</p> <p><input type="checkbox"/> Day Shift                      <input type="checkbox"/> Evening shifts                      <input type="checkbox"/> Sleep over</p>		
Are there any days of the week you are unavailable? Choose an item.	Please provide details of your unavailability: Click or tap here to enter text.	
If successful, when would you be available to commence employment?	Click or tap here to enter text.	

<b>Health Status / Confidential</b>
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*Valmar requires this information to ensure we can provide a safe working environment should you be successful in securing employment with our organisation.*

Have you ever sustained an injury at work?	Choose an item.	If YES, please specify below: Click or tap here to enter text.
During previous employment have you made any Worker's Compensation claims?	Choose an item.	If YES, has the claim been finalised? If not finalised, please provide details: Click or tap here to enter text.
Are you currently suffering from any illness or injury?	Choose an item.	If YES, please specify below: Click or tap here to enter text.
Do you have any prior or pre-existing medical conditions?	Choose an item.	If YES, please specify below: Click or tap here to enter text.

## Education

*Please list your highest qualification – please also provide your resume outlining other qualifications.*

1. Qualifications Obtained:	Click or tap here to enter text.		
Name of Institution:	Click or tap here to enter text.		
Year Commenced:	Click or tap here to enter text.	Year Completed:	Click or tap here to enter text.
2. Qualifications Obtained:	Click or tap here to enter text.		
Name of Institution:	Click or tap here to enter text.		
Year Commenced:	Click or tap here to enter text.	Year Completed:	Click or tap here to enter text.
3. Qualifications Obtained:	Click or tap here to enter text.		

Name of Institution:	Click or tap here to enter text.		
Year Commenced:	Click or tap here to enter text.	Year Completed:	Click or tap here to enter text.
Please rate your level of computer literacy.	Choose an item.		
What computer applications have you used in previous roles?	<input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft SharePoint <input type="checkbox"/> Microsoft Teams <input type="checkbox"/> PowerPoint  Please list any other programs below:		

### Previous Employment

1. Name of Employer:	Click or tap here to enter text.		
Address:	Click or tap here to enter text.		
Position Title:	Click or tap here to enter text.		
Start Date:	Click or tap here to enter text.	Finish Date:	Click or tap here to enter text.
Name of Supervisor:	Click or tap here to enter text.	Contact Number:	Click or tap here to enter text.
Reason for leaving:	Click or tap here to enter text.		
List Duties undertaken in this position:	Click or tap here to enter text.		
Permission to contact your employer:	Choose an item.	If NO, please specify reasons below: Click or tap here to enter text.	
2. Name of Employer:	Click or tap here to enter text.		
Address:	Click or tap here to enter text.		
Position Title:	Click or tap here to enter text.		

Start Date:	Click or tap here to enter text.	Finish Date:	Click or tap here to enter text.
Name of Supervisor:	Click or tap here to enter text.	Contact Number:	Click or tap here to enter text.
Reason for leaving:	Click or tap here to enter text.		
List Duties undertaken in this position:	Click or tap here to enter text.		
Permission to contact your employer:	Choose an item.	If NO, please specify reasons below: Click or tap here to enter text.	

### Professional References

*Please list two current & relevant referees' (you may specify previous employers). Please do not include names of relatives or friends.*

1. Full Name:	Click or tap here to enter text.	Company:	Click or tap here to enter text.
Position:	Click or tap here to enter text.	Phone:	Click or tap here to enter text.
2. Full Name:	Click or tap here to enter text.	Company:	Click or tap here to enter text.
Position:	Click or tap here to enter text.	Phone:	Click or tap here to enter text.

### Employment Declaration

I declare that I have completed this form honestly and to the best of my ability. I declare that I have provided full and relevant particulars and have disclosed all my details relevant to this position to enable Valmar to make a full informed decision about my application. I understand fully that completion of this form in no way constitutes an obligation on Valmar to offer me employment. I understand the inherent requirements of working with vulnerable people including people with disabilities and the elderly. I declare that I am not aware of any health condition, other than what I have declared above, which might interfere with my ability to perform the inherent requirements and duties of this position. I hereby give permission to undertake a full physical examination and/or functional assessment if requested by Valmar. I agree to undertake any drug and/or alcohol screening if required by Valmar prior to employment with Valmar or during my employment with Valmar. I understand COVID-19 vaccinations are compulsory, in alignment with NSW and ACT public health orders. I understand fully that any offer of employment by Valmar is subject to satisfactory completion of this Declaration and successful completion of either an NDIS or criminal record check and employment screening. I understand fully that any incorrect, false, or misleading information I provide during the employment selection process may, if I am offered employment or employed by Valmar, lead to rescindment of an offer of employment or termination.

Click or tap here to enter text.

Signature: .....

Date: Click or tap here to enter text.