

EMPLOYMENT APPLICATION FORM



Personal Details

Title – Please circle Ms Mrs Miss Mr

Surname: _____ Given Names: _____

Preferred Name: _____ Date of Birth: _____

Residential Address: _____

Home Telephone: _____ Mobile: _____

Email Address: _____

Post-graduate Qualification or area of Clinical Preference: _____

Language/s Spoken: _____

Method of transport to shifts: please circle one or more:

Car Motorbike Push Bike Public Transport

Emergency Contact

Surname: _____ Given Name: _____

Residential Address: _____

Relationship to you: _____

Home Telephone: _____ Mobile: _____

Bank Details (It is a condition of employment that net salaries are paid directly into a bank account of your choice)

It is a condition of employment that net salaries are paid directly into a bank account of your choice.

Name on account: _____

Name of Bank/Credit union: _____

Suburb or Branch: _____

BSB number (note this is six digits): _____ Account Number: _____

Superannuation Details (Encircle)

If HESTA, Healthsuper or SKANDIA please complete: _____

Account Number: _____ Account Name: _____

OR complete the enclosed Superannuation Standard Choice Form.

N.B.: If this form is not received within **28 days** of commencement of your employment, your superannuation Entitlements will be paid into HESTA, our default fund. Also, we are not required to pay into your nominated fund if we Are required to become a participating employer in that fund.

TFN Number: _____

Health

What is your state of Health? _____

Please advise of any medical conditions _____

Have you had any WORK COVER claims within the last five years? If yes please provide details.

Please answer the following questions to help us place you at your preferred facilities and shifts

What are your five preferred Hospitals for placements?

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Please indicate your shift preference (please circle)

AM PM ND 12HRSHIFTS

Are you happy to receive an early morning call if you are available for an AM shift? (5am) : Yes/No

Please list the Healthcare facilities where you are currently on staff/bank: _____

Which facilities (if any) would you prefer NOT to attend? _____

Date available to commence? _____

How did you hear about us? _____

I, the undersigned, state that the preceding information is true and correct. I am aware that employment is based on the details given, which can be lawfully requested by Health Care Facilities. I here by give Colbrow Healthcare authorised permission to conduct enquiries regarding my qualification and previous employment.

Name _____ Signed _____ Date _____