



# APPLICATION FOR EMPLOYMENT

to be attached to letter of application

POSITION			
APPLICANTS DETAILS			
NAME			
	LAST	FIRST	MIDDLE
ADDRESS			
	STREET ADDRESS		
	TOWN	STATE	POST CODE
HOME PHONE	(    )	MOBILE	
EMAIL			
BIRTH DATE			
NEXT OF KIN			
NAME			
RELATIONSHIP			
ADDRESS			
PHONE NUMBER	IN CASE OF EMERGENCY		

## MEDICAL DISCLOSURE

The following medical disclosure questions are a necessary requirement under the Occupational Health & Safety Act 2004. Boort District Health is an Equal Opportunity Employer, and is committed to the safety and health of all its employees. Please refer to the certification statement at the end of this form. False information may result in dismissal and loss of entitlements.

Do you have a pre-existing injury or disease that you have suffered of which you are aware, and which you could reasonably foresee could be affected by the nature of the proposed employment as per the position description.

Failure to make a disclosure, or the making of a false or misleading disclosure, may disentitle you to compensation pursuant to the Accident Compensation Act, should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of your pre-existing injury or disease arising out of, or in the course of, or due to, the nature of your employment with Boort District Health.

YES  NO

If Yes, supply details \_\_\_\_\_

## EMPLOYMENT INFORMATION

Have you ever claimed workers compensation for an injury/disease?

YES  NO

If Yes, supply details \_\_\_\_\_

## PAST SERVICE

If you are eligible to carry forward previous service within the Public Sector how many years of service count? \_\_\_\_\_

Have you taken any LSL? YES  NO  No. of weeks \_\_\_\_\_

## PROFESSIONAL REGISTRATION

Do you have any professional Registrations/Affiliations?

\_\_\_\_\_  
\_\_\_\_\_

*\*\*Please attach a copy of your professional registration/and or qualifications*

Nurses Board of Victoria Identification Number \_\_\_\_\_

## POLICE CHECK

A Police Check will be carried out on orientation day.

## AVAILABILITY

Are you willing to work shift work? YES  NO

Are you willing to work weekends? YES  NO

## CERTIFICATION

I certify that to the best of my knowledge these particulars are correct, and that I have not knowingly provided any false or inaccurate information. It is further noted that false information knowingly supplied on this application form may result in this application being rejected, or if already employed, services may be terminated.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
*Employee*

*The information on this form is supplied on the understanding that it will be treated as  
CONFIDENTIAL.*

*No information will be disclosed by the Health Service to any unauthorised person.*

**Please return this form to**  
**Private & Confidential**  
**Corporate Services Manager**  
**Boort District Health**  
**PO Box 2**  
**BOORT VIC 3537**

### Office Use Only:

Date Received: \_\_\_\_\_ Signature: \_\_\_\_\_

