

# EMPLOYMENT APPLICATION

## GENERAL INFORMATION

Surname: \_\_\_\_\_ Given Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (M): \_\_\_\_\_

Email address: \_\_\_\_\_

Date this form was completed \_\_\_\_/\_\_\_\_/\_\_\_\_

## PLEASE INDICATE YOUR PREFERRED AREAS OF EMPLOYMENT (Please preferences)

### CARE SERVICES

- RN Div 1                                       Personal Care Worker  
 Other position, please specify: \_\_\_\_\_

### General Services

### Administration

<input type="checkbox"/> GSO Catering	<input type="checkbox"/> Receptionist
<input type="checkbox"/> GSO Laundry	<input type="checkbox"/> Office Assistant
<input type="checkbox"/> GSO Cleaning	
<input type="checkbox"/> GSO Maintenance	

Your preferred employment status:     Full Time             Part-Time             Casual

Please specify the days you are available to work

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Do you have a current police check?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Do you have any experience in your preferred area of employment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes, please specify:</i>	<input type="checkbox"/> Current	<input type="checkbox"/> Past:	Years of experience: _____
Registered Nurses: Are you currently registered in Australia?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any condition/restriction imposed on your registration?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes, please detail</i> _____			
Personal Care Worker: Do you have a Cert. 3 or higher in Aged Care?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
GSO Catering: Do you have a Food Handling Certificate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**EMPLOYMENT HISTORY** *(Complete or attach C.V.)*

EMPLOYER AND ADDRESS	DUTIES	HOURS P/WK	FROM	TO
			___/___/___	___/___/___
			___/___/___	___/___/___
			___/___/___	___/___/___
			___/___/___	___/___/___
			___/___/___	___/___/___
			___/___/___	___/___/___
			___/___/___	___/___/___

**REFEREES** *(please do not attach written references with this form)*

NAME	CURRENT POSITION	ORGANISATION	TELEPHONE NUMBER

Can we contact your previous employers who are not specified above as referees?  Yes  No

**COMMENTS:**

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**REGISTERED NURSES****NURSING EDUCATION AND QUALIFICATIONS INCLUDING TERTIARY NURSING STUDIES**

	NAME OF HOSPITAL/INSTITUTION	QUALIFICATION ACHIEVED	DATE COMMENCED	DATE COMPLETED
<b>General</b>			___/___/___	___/___/___
<b>Post Registration Qualifications</b>			___/___/___	___/___/___
<b>Aged Care</b>			___/___/___	___/___/___
<b>Enrolled</b>			___/___/___	___/___/___
			___/___/___	___/___/___
			___/___/___	___/___/___
			___/___/___	___/___/___
Have you had any break in Nursing Service for a continuous period of more than five years?			<input type="checkbox"/> YES	<input type="checkbox"/> NO

**NOTE: If you are successful in gaining employment within Murray House, you will need to bring the following original documents with you:**

- Nurses Registration Card
- Nurses Registration Certificate
- Qualifications
- Statements Of Prior Nursing Service (Required for the calculation of your commencing salary)
- Proof Of Citizenship / Passport (If not born in Australia)
- Current Police Check

If you do not have official *Statements of Nursing Service* from past employers, we would urge you to make application to your past employers as soon as possible so that you have these documents when you present for your interview.

It is important that the *Statements of Nursing Service* show the periods of employment and the most recent classification level e.g. RN Div 2 IB 16, and the number of weekly hours worked.

For periods of casual employment it is important that the total number of hours worked during the period of casual employment is reflected on the statement.

## RECRUITMENT INFORMATION AND CONSENT FORM

We recognize that privacy is important to you, and that we have a responsibility to protect any personal information which you may share with us.

In accordance with the Privacy Act, we would like to advise you of the following:

### COLLECTION OF INFORMATION:

We will only use your personal information for the purpose of assessing your application for employment within Murray House. The information we collect from you will be handled sensitively and securely with proper regards for privacy. Failure to provide requested information may result in us not being able to process your application.

### DISCLOSURES:

We will not usually disclose your personal information outside Murray House, except where certain functions are outsourced to other organisations, and then only for the purpose of enabling us to process your application. In these circumstances, confidentiality arrangements will apply to restrict the use and disclosure by those organisations which have your personal information disclosed to them.

We may contact referees, whose details are provided by you, as part of our standard recruitment process.

### ACCESS AND FURTHER INFORMATION:

In most cases you will be able to access your information by contacting Murray House on 03 5027 3384. You can also contact this number for a copy of our Confidentiality and Information Privacy Policy.

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I certify that to the best of my knowledge, the information provided by me is correct. I also understand that as a new employee I will be subject to satisfactory police clearance, and if I accept an offer of permanent appointment, confirmation of that appointment is subject to the satisfactory completion of a three (3) months probationary period.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**To progress your Application, return this form to:**

### POSTAL ADDRESS

Murray House  
31-37 Murray St  
WENTWORTH NSW 2648

### STREET ADDRESS

31-37 Murray St  
WENTWORTH NSW 2648

### CONTACT DETAILS

Phone: (03) 5027 3384

or email: [admin@murrayhouse.com.au](mailto:admin@murrayhouse.com.au)