**FM: Application for Vacancy**

|  |  |
| --- | --- |
| **Position Applied For**: |       |

**Personal Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |       | Given Names: |       |
| Address: |       |
|  |       | Postcode: |       |
| Telephone No: (H) |       | (Mobile): |       |
| Email: |       |

**Recruitment Source:**

|  |
| --- |
| How did you first become aware of this vacancy? |
| Seek | [ ]  | Holyoake website | [ ]  | WANADA FYI | [ ]  | Local newspaper | [ ]  |
| The West Australian | [ ]  | Family/friend/colleague | [ ]  | Other | [ ]  |       |

**Citizenship & Residency:**

Permanent residency is a pre-requisite for permanent appointment. Non-permanent residents who have a working visa are eligible for limited term appointments.

|  |  |  |
| --- | --- | --- |
| Are you an Australian citizen? | Yes [ ]  | No [ ]  |
| If “no”, have you been granted Permanent Residency? | Yes [ ]  | No [ ]  |
| If “no”, have you been granted a temporary Visa/Work Permit? | Yes [ ]  | No [ ]  |
| Are you Aboriginal or Torres Strait Islander? | Yes [ ]  | No [ ]  |

**DECLARATIONS:**

The following declarations are NOT a barrier to being considered for employment.

**Health:**

|  |
| --- |
| Are you aware of any injury, disease, disability or other condition (medical or otherwise) or is there any other reason that may:* impact on you performing the position applied for; or
* result in a risk to your health and safety, or that of others at work; or
* require special workplace modifications for you to perform the position applied for, e.g. wheelchair access, etc.
 |
| Yes [ ]  | No [ ]  |  |
| If you answered “yes”, please give details: |
|       |
|       |
|       |
|  |
| Have you ever had a worker’s compensation claim for personal injury or illness? |
| Yes [ ]  | No [ ]  |  |
| If you answered “yes”, please give details: |
|       |
|       |

**Criminal Records Screening:**

Holyoake requires as a condition of employment that you undergo criminal records screening and provide a National Police Certificate.

|  |  |  |
| --- | --- | --- |
| Do you consent to such screening? | Yes [ ]  | No [ ]  |

**Working With Children:**

Holyoake requires as a condition of employment that if you are going to work with children that you provide a Working With Children certificate.

|  |  |  |
| --- | --- | --- |
| Do you consent to such screening? | Yes [ ]  | No [ ]  |

|  |  |
| --- | --- |
| [ ]  | I declare that the above information and any additional information provided by me in support of this application for employment with Holyoake is correct. |
| [ ]  | I acknowledge that if I knowingly provide information which is untrue, this may result in a withdrawal of any offer of employment or my employment with Holyoake will be reviewed with the possibility of termination. |
| [ ]  | I consent to any reference checks which may be necessary to support this application. |

Signature of Applicant\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If emailing this form, you may sign it if selected to attend an interview*.*

*Our preferred option is for applications to be submitted electronically. Please send the Application for Vacancy form, and include a cover letter and resume to* *recruitment@holyoake.org.au**. If submitting your application by post, please send to Holyoake Recruitment, PO Box 322, Victoria Park, WA 6979.*