



Employment Application Form

Thank you for considering employment with CatholicCare. Please complete this application form and place it on top of your application documents.

POSITION APPLIED FOR:

HOW DID YOU FIND OUT ABOUT THIS POSITION (Please tick):

- Canberra Times
- CatholicCare Website
- SEEK Website
- Other (specify)

FULL NAME:

ADDRESS:

.....

POSTAL ADDRESS (if different):

TELEPHONE: Business: Home:

Mobile:

QUALIFICATIONS:

<ul style="list-style-type: none"> ▪ Are you an Australian Citizen? ➤ If no, are you entitled to work in Australia? 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> ▪ Have you considered all the requirements of the position you are applying for? 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> ▪ Do you have previous experience which you consider to be relevant to the requirements of the position? 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> ▪ Is there any medical condition that would affect your ability to undertake the job? 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> ▪ If so, are you aware of changes, which could be reasonably made to the workplace to counteract the condition? 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> ▪ Do you hold a current Driver's Licence? 	<input type="checkbox"/> YES <input type="checkbox"/> NO

Applicants should note that they may be required to undergo a medical examination to determine fitness to carry out the essential functions of the position.

Signature: **Date:**