

# APPLICATION FOR EMPLOYMENT


<b>Position Title Applied for:</b>
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## PERSONAL DETAILS

<b>Surname:</b>		<b>Given Name(s):</b>	
<b>Preferred Name:</b>			
<b>Title:</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	<b>Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Home Address:</b>		<b>Contact Numbers:</b>	Home: Mobile:
<b>Email:</b>		<b>Preferred Contact by:</b>	
<b>Date of Birth:</b>		<i>(Admin purposes only)</i>	

## ADDITIONAL INFORMATION

<b>Are you legally permitted to work in Australia?</b>	Yes	No
<b>Proof received if born overseas</b>	Yes	No
<b>Previous employment at South Perth Hospital?</b>	Yes	No
<b>Have you worked in a hospital or nursing home or been hospitalised outside of Western Australia within the last twelve months?</b>	Yes	No
If 'Yes', please give details: .....		
.....		
<b>Are you an Australian citizen</b>	Yes	No
<b>If no, have you been granted permanent residency?</b>	Yes	No
<b>If no, have you been granted a temporary visa/work permit?</b>	Yes	No
<b>If yes, state the period that the visa/work permit is valid.</b>	From: _____	
	To: _____	
	Visa Number: _____	


Attach evidence

<p><b>Please provide details of any previous or current medical condition or restriction, physical or otherwise, which may affect your ability to perform the essential requirements of the job.</b>  <b>IF NONE, WRITE NOT APPLICABLE (N/A)</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center; font-style: italic;">Disclosure of a medical condition or restriction will not necessarily exclude an applicant from employment.</p>
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Have you had a previous Workers' Compensation claim? *Tick applicable*

YES

NO

If yes, please provide details *e.g. year of nature of injury.*

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**Failure to provide such information may jeopardise your rights to Workers' Compensation if a pre-existing disability is aggravated at work (Section 79 of the Workers' Compensation and Rehabilitation Act 1981). *IF NONE, WRITE NOT APPLICABLE (N/A)***

*Disclosure of a Workers compensation claim will not necessarily exclude an applicant from employment.*

### **PRIVACY**

As a job seeker, your personal information is protected by law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the Australian Privacy Principles (APPs).

If an applicant is successful, information provided will become an employment record.

### **REFEREES**

Please include two referee's with at least one being your current or last employer.

<b>Name:</b>	<b>Position:</b>
<b>Company / Relationship:</b>	<b>Contact Number:</b>

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<b>Company / Relationship:</b>	<b>Contact Number:</b>

**PRE-EMPLOYMENT HEALTH QUESTIONNAIRE**

No.	Do you have or have you had any of the following conditions? If yes please provide further details in the table below.	Answer	
		YES	NO
1	Heart disease, heart attack or angina, high blood pressure		
2	Asthma, wheeze or lung disease		
3	Abdominal ulcers or hernia		
4	Frequent or regular migraine / headaches		
5	Allergies or sinusitis		
6	Eczema, dermatitis or other skin complaints		
7	Anxiety, panic attacks or psychiatric illness including depression		
8	Visual problems that cannot be corrected by prescription glasses		
9	Ear conditions such as deafness or tinnitus		
10	Blood borne viruses including Hepatitis B, Hepatitis C or human immunodeficiency virus (HIV)		
11	Immunosuppressed including receiving chemotherapy or long term steroid use		
12	Have you ever been treated for drug or alcohol addiction		
13	Diabetes		
14	Previous back, neck or spinal injury including whiplash		
15	Sciatica or disc protrusion		
16	Back pain		
17	Spinal operation		
18	Arthritis / rheumatism		
19	Hip / knee / ankle injury		
20	Shoulder / elbow / wrist injury		
21	Chronic joint injury including stiffness or pain		
22	Shoulder or hip bursitis		
23	RSI / Occupational overuse syndrome		
24	Bleeding disorder		
25	Muscle / tendon or ligament problem		
26	Carpel tunnel syndrome		
27	Epilepsy, fainting, fits, blackouts or dizzy spells		
28	Any sporting / vehicle or work-related illness or injury		
29	Have you ever been discharged or resigned from a job for medical reasons		
30	Have you had an application for Superannuation, Life Insurance or similar rejected on medical grounds		
31	Are you a smoker? If yes how many daily		
32	Have you worked in or been a patient in a hospital outside of Western Australia during the past 12 months		
33	Have you ever been injured at work, suffered from a work related illness or submitted a Workers' Compensation or Insurance Commission of WA (ICWA), previously MVIT, claim.		

**For questions above (1 – 33) answered YES, complete the table below. Please complete on an additional sheet if required.**

No.	Duration and Dates of Condition	Current Status

*If you fail to disclose information about a pre-existing medical condition or workers compensation claim, your claim may be pended as declined.*

**Conditions of Employment**

I agree that if my application for employment is accepted:

1. I understand that part of the application procedure may involve a medical examination by a medical officer nominated by South Perth Hospital and I authorise disclosure of the results of this examination to the hospital.
2. I consent to any reference checks which may be necessary to support this application.
3. I will abide by all South Perth Hospital policies and procedures as presently in force, and as amended in the future.
4. I agree to abide by all safety regulations, wear suitable clothing and footwear and to use equipment properly.
5. I will work shiftwork, weekends, Public Holidays, on-call and overtime as required by South Perth Hospital as per my terms of employment.
6. I agree to produce evidence of a current National Police Clearance Certificate in addition to a current Working with Children Clearance if the position requires. I understand that having a criminal record will not necessarily preclude me from employment but failing to undertake the relevant police clearance will.
7. I acknowledge and declare that the above mentioned particulars are complete and accurate in every detail. I understand that should any information that I have provided be found to be false or misleading, my contract of employment may be instantly terminated without notice.
8. It is a condition of employment that existing employees advise the CEO/DON if there is a change in their criminal record whilst employed.
9. It is a condition of employment that applicants must disclose to the interviewing manager on primary/secondary employment. The employer will not unreasonably withhold consent in respect of some other professional or non-professional position, where there is no conflict with your duties, no impact on your availabilities and no potential conflict of interest or potential for damage to the employer's reputation.
10. I agree if I have secondary employment, I will not exceed the weekly hours prescribed by the National Employment Standards (NES).

Signature of Applicant ..... Date .....

**Submission of application via either:**

1.	<b>Email</b>	hr@sph.org.au
2.	<b>Fax</b>	(08) 9474 4299
3.	<b>Postal</b>	South Perth Hospital, PO Box 726, COMO WA 6952

**Applicant Checklist**

Covering Letter	✓
Job Description/Selection Criteria addressed	
Application for Employment form	