

# HCSG



## Employment Application

### PRIVACY LEGISLATION

1. In applying for this position you will be providing HCSG with personal information. HCSG can be contacted at: PO Box 123, Mundaring 6073; [hcsq@hcsq.com.au](mailto:hcsq@hcsq.com.au); 9295 6155.
2. If you provide HCSG with personal information, for example your name and address, or information contained on your resume, we will collect the information in order to assess your application. HCSG may also make notes or prepare a confidential report in respect of your application.
3. You agree that we may store this information until such time as the position is filled.
4. HCSG will not disclose this information to a third party without your consent.
5. HCSG is required to ask you for a National Police Clearance.
6. Where you have provided us with the name and contact details of a referee in connection with your application, you should inform them that you have done so and the reason for it. You should also inform them that the information is to be used solely in connection with your application for employment or engagement and that this information about them collected by HCSG can be accessed by them, if they wish, by contacting HCSG.

Position Details	
Position Applied For:	Date:

  

Personal Details	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
Surname (block letters):	Given names:
Date of Birth:	
Home Address: Post Code:	Telephone (home):
Telephone (mobile):	Email:
Driver License Number:	Classes:

  

Emergency Contact	
Next of kin or other contact:	Relationship:
Home Address: Post Code:	Telephone (home):
Telephone (mobile):	Email:

**Information Regarding Type Of Work You Are Interested In And The Hours And Times You Are Available:**

Are you prepared to work with:

Frail older people  People with disabilities  Youth

Are you prepared to work with consumers?

In their home  Within the Community  Centre-based

Are you available?

Office hours  After hours (during week)  Weekends  School holidays

**Only people with the right to work in Australia may be employed with HCSG.**

**Education**

QUALIFICATION	YEAR COMPLETED	INSTITUTION

**Previous Employment History**

From	To	Name and address of employer	Position	Reason for leaving

**Name and Addresses of Two Work Related Referees (not to be family or friends)**

1. Name:	Telephone:
Organisation:	Email
2. Name:	Telephone:
Organisation:	Email:
Have you ever been dismissed from a position? If so, please give details.	

## Declarations

The following declarations are not intended to prevent people gaining employment with this organisation, but will assist us to take due care in assessing the most appropriate placement.

## Worker's Compensation

Have you ever claimed workers' compensation for any reason: Yes  No

If yes, please give details of each claim:

*A previous workers' compensation claim will not necessarily preclude employment, however it is essential that you advise us of any claims you have had.*

I declare that this is a correct statement

Signed:

## Important Notice

Section 79 of the Workers' Compensation and Rehabilitation Act 1981 gives the Workers' Compensation Dispute Resolution Body discretion to refuse to award compensation which would otherwise be payable where it is proved that the worker has at the time of seeking or entering employment, wilfully and falsely represented him/herself as not having previously suffered from the disability, the subject of the claim for Compensation.

# Medical Questionnaire

Worker to Complete (please tick)		If you answered YES to any of the below, please provide further details including severity and duration.
Have you ever suffered from any of the following?		
High Blood Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Rheumatic Fever or any Heart Complaint	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Asthma, Bronchitis, Tuberculosis or any other Lung Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gastric, Duodenal or Peptic Ulcer	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bowel, Liver or Gall Bladder Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Kidney or Bladder Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mental Illness, Depression, Anxiety State or Nervous Disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Epilepsy, Fainting Attacks, Blackouts or Fits of any kind	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dermatitis or Skin Rashes	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cancer or Tumour of any kind	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hernia	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Back trouble of any kind	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Whiplash from a Motor Vehicle Accident	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fracture(s) of upper arm or forearm	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gout or Arthritis	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Repetitive Strain Injury of any kind	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Blood borne virus (eg. Aids, Hepatitis)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you being treated by any doctor for any medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you currently taking any medications for a medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you had a Tetanus injection within the last 10 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever had any disability, serious illness or disease not already mentioned?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you colour blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever worked with asbestos fibres?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there any reason why you cannot wear safety or protective equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Declaration

I solemnly declare that each and every answer above is true to the best of my knowledge and belief. I understand that any false or misleading information may result in termination of employment. I agree to a medical examination, if requested, as part of my application.

## Statement Authorisation

I hereby authorise an examining doctor to submit a medical report regarding the above statements, physical findings and all other investigations to my employer.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Acknowledgement

I acknowledge by submitting this application that I am declaring all statements in the application to be true in all respects. I acknowledge that any statement which is found to be false or deliberately misleading will make me, if employed, liable for dismissal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Confidentiality Agreement

I agree to be aware of, and abide by, the rules of confidentiality pertaining to all information on HCSG, its consumers, volunteers, staff and contractors.

I accept the procedure of feedback from/about consumers must be through the Program Manager or Chief Executive Officer of HCSG and that it is not my position to act on any information received from consumers without the Program Manager's or Chief Executive Officer's agreement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_