

# HR: Application for Employment

Date Reviewed: 26 June 2015 (V1)



## Contact Details

101 Park Terrace, Salisbury SA 5108

Ph: (08) 8256 9800

Fax: (08) 8256 9899

Email: [HR@lighthousedisability.org.au](mailto:HR@lighthousedisability.org.au)

Lighthouse Disability is an accommodation and community support service for people living with disability and complex support needs. Staff work with the people we support to optimise choice and control and thereby realise their dreams and aspirations. If you can support people in this way, we welcome your application.

The information that you provide will be used to assess your suitability for interview. Please complete this form accurately to assist us to assess your suitability for the position that you are applying for.

This application should be supported by your CV and/or other application documentation.

## Personal Details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other: _____
First Name:	_____			
Surname:	_____			
Home Address:	_____			
	Suburb: _____		Postcode: _____	
Home Phone:	_____	Mobile:	_____	
Email:	_____	Date of Birth:	___ / ___ / ___	

## Position Applied for:

### PRE-EMPLOYMENT CRITERIA (for Community Support Workers)

**Do you have the following? (If yes, please attach a copy).**

*Please note that you must provide the copies, our office will not copy documents for applicants.*

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • Certificate III or IV Disability  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • If you do not have the above qualification, are you willing to attain it? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • A current South Australian driver's licence                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • DCSI Screening: Child related and Disability Service Employment           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Current First Aid or BELS   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Current Manual Handling Certificate                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Physical fitness to perform the role of Community Support Worker          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



Employment History (Commence with your current or most recent position)	
1. Employer:	Position:
Dates of Employment: ___ / ___ / ___ to ___ / ___ / ___	
Duties / Responsibilities:	
2. Employer:	Position:
Dates of Employment: ___ / ___ / ___ to ___ / ___ / ___	
Duties / Responsibilities:	
Have you had previous experience working with people with a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had experience working with the following?	
• Acquired Brain Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Challenging behaviours	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Mental health	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Aged Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate if you have any other personal skills or experience that you think could be relevant to the position.	
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How did you become aware of the opportunity for employment at Lighthouse Disability?	
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What do you think is the most important responsibility of a Community Support Worker?	
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Referees (contact details of three (3) referees from whom confidential reports may be obtained)			
Name	Position	Organisation / address	Telephone number

Right to Work in Australia	
Lighthouse Disability requires proof of either Australian Citizenship or your legal entitlement to work in Australia. Below are the relevant documents that are acceptable proof of legal entitlement to work in Australia.	
Australian Citizen	Australian Birth Certificate Australian Citizenship Certificate Current Australian Passport Expired Australian Passport (which was current in the last two years and has not been cancelled)
Australian Permanent Resident	Foreign Passport with valid visa with permanent resident visa
New Zealanders	New Zealand Passport with a work rights visa
Non-Australian Citizen	Foreign Passport with valid visa with permission to work

Are you a Permanent Australian Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, please identify Visa type:	_____	
Expiry Date:	___ / ___ / ___	



## Medical History

The essential requirements of this position is that the employee must be able to perform frequent and repetitive manual handling tasks. Applicants will be required to lift in excess of 16kg, turn and bend on a frequent basis. Is there anything in your medical history that would prevent you from meeting this requirement?

Yes       No

If yes, please give details:

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## IMPORTANT

Failure to disclose a pre-existing medical condition makes management's **responsibility to provide a safe place of work under Section 19 of the Work Health & Safety Act** difficult and may place you at unnecessary risk during the course of your work.

Do you have, or have you had, any medical, including physical condition, injury or psychiatric condition which may affect your capacity to carry out the requirement of the position being applied for, or if by carrying out the duties of the position your medical condition or health could be adversely affected?

Yes       No

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(You have a duty of disclosure to answer this question correctly, and failure to do so could negate any application you make for workers compensation, and/or, could result in your termination for non-disclosure).

## Convictions

Only persons over the age of 18 years of age are obliged to complete this section.

Have you been charged or convicted of a criminal offence?       Yes       No

If yes, please give details:

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## Privacy

### **(IN ACCORDANCE WITH AUSTRALIAN PRIVACY PRINCIPLES)**

The process used to assess your suitability as a Community Support Worker for Lighthouse Disability requires you to complete this standard application form. We require some personal details such as your name, home address, telephone numbers, information about your past employers and two nominated referees.

We require this information so that:

- We can contact your referees to verify your past work experience
- We can contact you to advise you whether your application has been successful or not
- Should you be successful your details can be entered into our computerised human resources information system for the effective administration of payroll and mandatory training.

It is Lighthouse Disability's policy to check the visa status of non-permanent Australian residents and non-Australian citizens with the Department of Immigration.

The personal information that we collect is accessed by only relevant staff members in the performance of their duties. The information is held in confidence by Lighthouse Disability except where the release of such information is required by law.

None of the information collected is used for any purpose other than those outlined above. No information is disclosed to other organisations or persons outside Lighthouse Disability, except with the written permission of the applicant.



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## APPLICANT DECLARATION

1. I will respect the confidentiality of any information I gain in the course of my employment with Lighthouse Disability.
2. I understand that any appointment will include a probationary period and my employment could be terminated during the probation period.
3. I accept that employment is subject to undertaking a medical assessment and DCSI screening clearance at my own expense.
4. I understand that I will not engage in any external or private activities which will result in a conflict or potential conflict of interest with my Lighthouse Disability duties.
5. I confirm that the information given on this form and provided by me in support of this application for employment is true and correct.
6. I acknowledge that any wilful suppression or inaccuracy may be sufficient cause for rejection or, if employed, will render me liable to instant dismissal and / or prosecution.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**This application will lapse after 3 months and must be renewed if you wish to remain on our records.**