



FITZGERALD AGED CARE

14 135 898 421

1 Rum Corp Lane
WINDSOR NSW 2756
Telephone: (02) 4577 2800
Fax: (02) 4577 2627
Email: accounts@fitzgeraldacf.com.au

APPLICATION FOR EMPLOYMENT FORM

POSITION APPLIED FOR: _____

Title	Mr	Mrs	Miss	Ms
Last Name				
First Name		Middle Name		
Date of Birth				
Address				
	Postcode:			
Phone Numbers	Home	Business	Mobile	
Email				
Australian Citizen	YES	NO	If No provide Visa / Work Permit No	

Please provide your work experience details in chronological order, commencing with your most recently held position:

EMPLOYER	POSITION HELD	FROM	TO	REASON FOR LEAVING

Please provide details of your educational qualifications:

QUALIFICATION ATTAINED	INSTITUTION	YEAR

Current Practicing Certificate No: (if applicable)	
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Contact Details for three referees, at least two should apply to previous employment:

<i>NAME</i>	<i>JOB TITLE</i>	<i>CONTACT TELEPHONE NO</i>

Are you willing to undertake a medical examination?	Yes / No
Are you willing for us to contact your previous employer as a referee?	Yes / No
Are you legally entitled to work in Australia?	Yes / No
Are you willing to work on weekends?	Yes / No
Are you willing to work shift work?	Yes / No
Are you willing to work night shift?	Yes / No
Do you have any physical restrictions that may prevent you from carrying out the functions if the role you have applied for?	Yes / No

If you have a physical restriction which would prevent you from carrying out the functions of the role you have applied for, please give details below.

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Why do you wish to apply for this position?

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Why do you believe that you should be selected for this position?

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I certify that the information in this application from is correct in every detail. I accept that if I have given any false information my employment may be discontinued.

Signed:

Date / /