



APPLICATION FORM

Applicant Information				
Full Name:	Last		First	
	Middle		Date	
Address:	Number/Street		State	Postcode
Contact:	Email		Telephone	
I, the Applicant give permission for Tanunda Lutheran Home Inc. representatives to contact me regarding information about my application or possible future employment through text messages, email, telephone calls or in writing sent to the above mentioned address YES/NO (Please circle)				
Emergency Contact:	First Name	Last Name	Telephone	Address
Health and Physical Fitness				
Are you aware of any medical condition or other factor relating to your health and physical fitness which may prevent you from performing the inherent requirements of the position you are applying for? YES / NO (Please circle) If YES please specify below				
Influenza Vaccination (Mandatory Requirement) - Have you received your flu vaccination this season? YES / NO (Please circle) Month _____ Year _____ (evidence to be provided to Reception)				
<i>Employment with Tanunda Lutheran Home Inc. is subject to a Physical Assessment and if relevant a medical examination</i>				
Employment Agreement Sought				
Position Sought:	(Please write the position you are applying for)			
Classification Sought:	(Please circle) Full-Time Part-Time Casual Fixed Term Full-Time Fixed Term Part-Time			
I am available and prepared to work:	(Please circle) Morning Shift Afternoon Shift Night Shift Weekends			
Education and Qualification (please list the most relevant to the position you are applying for)				
	Year of Attainment	Institution	Qualification Title	
Secondary:				
Tertiary:				
Tertiary				
Tertiary:				
Employment History (Most recent position first)				
Employer	Position Held	Commencement Date	Cessation Date	Reason for Separation
Please briefly list your key responsibilities and working experience				
Referees (Tanunda Lutheran Home may contact the listed persons to obtain a verbal reference)				
Name	Organisation	Title	Telephone Number	

Declaration by Applicant

I DECLARE:

- a) That the answers to the foregoing are to the best of my knowledge true and correct in every way.
- b) That if my application for employment is successful I will be bound by and will at all times observe and respect such terms and conditions of my employment and such policies and rules as may from time to time be promulgated, specified or otherwise stipulated by the employer.
- c) That I understand that any erroneous or false declaration made by me in this application may result in disciplinary action, or possible dismissal.
- d) That I understand that if my application is successful, my employment may be subject to a satisfactory physical assessment and/or medical assessment provided by a Medical Practitioner nominated by the employer. (Such examination will be paid for by the employer.)
- e) I understand that if my application is successful, appointment to this position and continuing employment is subject to production of a satisfactory National Police Certificate on commencement of employment and on a three-yearly renewable basis as per legislative requirements.
- f) I understand that if my application is successful, appointment to this position and continuing employment is subject to an annual influenza vaccination.

Signature of Applicant: _____ Date: _____

Administration Use Only

Reception Use Only	Date	Human Resources Use Only	Date
<input type="checkbox"/> Application form and TLH Values to Candidate <input type="checkbox"/> Original Police Clearance Sighted <input type="checkbox"/> Permission to Copy Form Completed <input type="checkbox"/> Copy of Police Clearance to Manager <input type="checkbox"/> Copy of Relevant Qualifications to Manager <input type="checkbox"/> Copy of Registration to Manager <input type="checkbox"/> Copy of Statement of Attainment to Manager <input type="checkbox"/> Evidence provided to ensure this seasons vaccination received <input type="checkbox"/> If no vaccination, alert forwarded to Clinical Team		Applications <input type="checkbox"/> Application Unsuccessful-filed <input type="checkbox"/> Application Successful-to Manager to organise interview	
		Interviews <input type="checkbox"/> Interview Completed- Application to HR <input type="checkbox"/> Notification to Interview Unsuccessful Candidate-Filed <input type="checkbox"/> Successful Candidate notified to Undertake Physical Assessment	
		Physical Assessment <input type="checkbox"/> Applicant Notified of Successful Outcome <input type="checkbox"/> Accepted <input type="checkbox"/> Declined-Filed <input type="checkbox"/> Successful P/A Candidate notified of induction date and to bring: Payroll Superannuation details Police clearance Working Rights within Australia Registration Qualifications <input type="checkbox"/> Notification to Physical Assessment Unsuccessful Candidate-Filed	

Human Resources Notes

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