

# EMPLOYMENT APPLICATION DIRECT CARE STAFF



SURNAME: \_\_\_\_\_

PREVIOUS NAME: (if applicable) \_\_\_\_\_

TITLE: MR MRS MISS MS

GIVEN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_ Business \_\_\_\_\_ Mob \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

NATIONALITY: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

Are you an Australian Citizen / Permanent Resident or legally entitled to work in Australia?

Yes  No

POSITION APPLIED FOR:  PART-TIME  ON-CALL

## EMPLOYMENT HISTORY:

MOST RECENT POSITION / EMPLOYER (if applicable)

Date Commenced	Position	Name of Employer
Status: <input type="checkbox"/> Casual <input type="checkbox"/> Fixed Term <input type="checkbox"/> Ongoing (please tick correct status)		
If Fixed Term, what is/was completion date: ___ / ___ / ___		

PREVIOUS EMPLOYMENT (if space insufficient, additional details should be attached)

Show details of **all** employment previous to current, including military service, Public Service of Victoria, and any temporary or part-time employment. **Start with the most recent employment.**

Date Commenced	Date Ceased	Position Held	Name of Employer	Reason for Leaving

# EMPLOYMENT APPLICATION DIRECT CARE STAFF



Previous Employment details continued

Date Commenced	Date Ceased	Position Held	Name of Employer	Reason for Leaving

## ACADEMIC DETAILS:

### COMPLETED COURSES

Course Title	Institution	Date Completed

### CURRENT COURSES

Course Title	Institution	Date Commenced

### STATE ANY PREVIOUS EXPERIENCE RELATED TO PEOPLE WITH A DISABILITY:

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**If you have not already done so, it is requested that you include the following information with this application:**

- A resume/C.V. including statement of skills
- Copies of any formal qualification certificates relevant to residential care work

## **REFEREES:**

Provide contact details of two persons to whom reference may be made regarding your qualifications and experience.

Last Name (Block Letters)	Other Names
Contact Address	Phone: (bus hrs)
Last Name (Block Letters)	Other Names
Contact Address	Phone: (bus hrs)

Any person being employed by CODA Inc. must undergo a Police Records Check before commencement. If you have a police check issued within the last twelve months please attach a copy to this form.

Your application should be accompanied by a current resume and addressed to:

Executive Officer  
Colac Otway Disability Accommodation Inc.  
P O Box 370  
COLAC VIC 3250

All applications are treated confidentially.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_