APPLICATION FOR EMPLOYMENT

POSITION: DISABILITY SUPPORT WORKER

PERSONAL DETAILS

Surname:..... ……

Given Name(s):.....

Address:..... ……

..... ……

Telephone (home): ……..... Telephone (mobile): ……..……

INFORMATION RELEVANT TO THE POSITION *(Attached Resume if available)*

Education:

- Year 10 (Junior) Year Completed: ……. School: ……
- Year 12 (Senior) Year Completed: ……. School:……
- Other (specify below)

……

Qualifications/Certificates/Licenses:

Qld C Class Drivers License: ❑ Yes ❑ No ❑ Automatic ❑ Manual
CCYP Employment Suitability Card ❑ Yes ❑ No Date attained:…….
Senior First Aid: ❑ Yes ❑ No Current Until:……..……..…..

Cert III Qualifications or higher ❑ Disabilities Date attained:……..…..
❑ Aged Care Date attained:……..…..
❑ Welfare Date attained:……..…..
❑ Other …….. Date attained:……..…..

Other Relevant Qualifications:……

Previous Employment:

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……

Voluntary or Unpaid Work Relevant to the Position:

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……

Relevant Skills:

……

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……

Referees' Names and Contact Telephone Numbers: *(Attached Resume if available)*

Name	**Contact**	**Association to this person**
Example.		
Joe Bloggs	*(07) 3454 5454*	*Last Employer (Boss)*

1. ……

2. ……

3. ……

(Minimum of two required)

If successful when would you be available to start: ……
If position requires shifts what days and times of the week are you available to work:

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening/Night							
Sleep Over							

I certify that the information supplied in this application is correct and if successful I understand I will be required to complete and/or provide necessary criminal checks at my expense.

I understand that a 3 month probationary period applies to all Multicap positions.

Applicant's Signature: ..... Date: ……/……/……

Please return this form and any other supporting information to:

Human Resources Manager
Multicap
P O Box 4013
EIGHT MILE PLAINS QLD 4113