

ORANA GARDENS LTD

APPLICATION FORM

Position applied for							
Preferred Title:	Mr / Mrs / Ms / Miss / Dr						
Surname:							
Given Names:							
Address:							
Telephone:	Private	Business		Mobile			
Date of Birth(optional)			ı				
Australian Citizenship	Yes / No (if No, please provide Visa / Work Permit Number)						
Please provide your work experience details in chronological order, commencing with your most recently held position.							
Employer		on Held	From To		Reason	for Leaving	
1						1	
2							
3							
4							
5							
Please provide detail	s of your e	ducational q	ualification	s:			
Qualificati		Institution			Year		
1							
2							
3							
4							
5							
Current practising Certificate No: (if applicable)							
Compulsory First Aid Certificate No.:							
Contact details for 3 referees, at least 2 should apply to previous employment:							
Name		Address				Contact Telephone	
Are you willing to undertake a medical examination? Yes					Yes	No	
Are you willing for us to contact your previous employer as				er as a refe	eree? Yes	No	
Are you legally entitled to work in Australia?					Yes	No	
Are you willing to work weekends?					Yes	No	

Are you willing to work shifts?	Yes	No					
Are you over 18 years of age?	Yes	No					
Do you have a physical restriction which would prevent you from carr role you have applied for? If so please give details.	rying out the funct	ions of the					
Are you the subject of any criminal charge(s) still pending before a couplect of criminal conviction(s) or finding(s) of guilt before a court will quashed or spent" convictions under Legislation? Yes / No	•	oned,					
Why do you wish to apply for this position?							
Why do you believe you should be selected for this position?							
Under the 1997 Aged Care Act and the Aged Care Principles, there is employees and prospective employees produce a current Criminal H State-Territory or Australian Federal Police. This Association requires History check as a pre-requisite of employment and to produce this content of the cont	istory check from s a current copy o	either the f the Criminal					
Current Criminal History check attached?	Yes	No					
I certify that the information in this application form is correct in every detail. I accept that if I have given any false information my employment may be discontinued.							
Signed: Dat	e:						