



# House With No Steps

## APPLICATION FOR EMPLOYMENT

Completion of this form is no guarantee of employment with House With No Steps (HWNS). HWNS will rely on the information contained in this form during the recruitment process. Any information which is found to be false or misleading will affect the candidate's opportunity to gain employment or, if employment has been offered and accepted, for employment to continue.

HWNS undertakes a criminal record check on employees. Employment is subject to the outcome of the criminal record check.

POSITION APPLIED FOR: \_\_\_\_\_

SURNAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_

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

PHONE: *Home:* \_\_\_\_\_ *Mobile:* \_\_\_\_\_ *Work:* \_\_\_\_\_

Can we ring you at your workplace? YES / NO D.O.B.: \_\_\_\_\_

Do you have a NSW Driver's Licence? YES / NO If yes, Licence number \_\_\_\_\_

Do you have a current First Aid Certificate? YES / NO If yes, date it expires \_\_\_\_\_

If appointed to the position when could you commence? \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

### EDUCATION AND TRAINING

Name of School	Years attended	Awards achieved

### TERTIARY / TRADE STUDIES

Name of College/ University	Years attended	Awards achieved

**EMPLOYMENT HISTORY** *(attach resume or complete table below)*

[ ] Resume attached

Employer	Period	Position/ Particulars

**SPECIFIC JOB SKILLS THAT SUPPORT YOUR APPLICATION**

---

---

---

---

---

---

---

---

Please feel free to attach any additional relevant information that may support your application.



Have you ever had a Workers Compensation Claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of claim:	Date claim closed:	
If you answered YES, please provide details of: the injury or illness, when and how it happened, treatment, how this may affect your ability to perform the duties listed on the job description.		

Do you have any other condition that may affect your ability to perform the duties listed in the job description?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any other circumstances that may affect your ability perform the duties listed in the job description?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please provide details.		

Are there any reasonable adjustments that HWNS could make to accommodate your condition and allow you to perform the duties listed in the job description?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please provide details.		

Given that HWNS has a duty of care towards our clients and is well regarded in the community, we need to continue to maintain a high degree of integrity. Are there any circumstances you are aware of regarding yourself that could compromise HWNS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please provide details.		

Availability to Work:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day:							
Afternoon:							
Night:							

## REFEREES

Please list the name/s and contact phone numbers of referees and organisations who may be contacted about your application. **At least two referees should be current or previous managers/ supervisors.**

If contacted, they will be asked to provide information about your employment and work performance.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Phone: \_\_\_\_\_

- I declare that I have completed all sections of this employment application truthfully and correctly, to the best of my knowledge.
- I authorise House With No Steps to contact the nominated referees and organisation about my application.
- I authorise HWNS to undertake relevant record checks (as per attached forms).
- I am prepared to undertake a confidential pre-employment medical assessment if requested.
- I understand that any information which is found to be false or misleading will affect my opportunity to gain employment or, if employment has been offered and accepted, for employment to continue. If employed, I agree to abide by the policies and procedures of House With No Steps.
- I am providing two forms of identifications. (eg: Birth Certificate, Drivers Licence, Medicare Card, passport, valid work visa)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date