



APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR _____

- CASUAL
 PERMANENT PART-TIME
 FULL TIME PERMANENT

| | | | |
|--|---|-------------------------|----------------|
| SURNAME: | FIRST NAME: | | |
| STREET ADDRESS: | | | |
| EMAIL: | | | |
| YOUR TELEPHONE NUMBER: Home: Mobile: | EMERGENCY CONTACT Name: Relationship: Telephone: | | |
| Where you referred to Kaloma by a current member of staff? YES / NO If Yes, who is the referring person | | | |
| NDIS WORKER SCREENING CLEARNACE: Please note that NDIS Providers are required by legislation to ensure that new and existing workers have a current NDIS Worker Screening clearance. Persons who do not hold a current Clearance will be required to obtain one <i>PRIOR</i> to commencing employment at Kaloma at your own cost. Your employment is subject to a satisfactory clearance. An unsatisfactory outcome may lead to termination of your employment. | | | |
| CPR and FIRST AID: Any employee in a direct care position (Nursing/Care workers) is required to have an up to date CPR and First Aid Certification <i>PRIOR</i> to commencing employment at Kaloma. | | | |
| VACCINATIONS Have you received your flu vaccination this year? YES / NO Have you received your Covid 19 Vaccination? YES / NO <div style="text-align: right; margin-top: 10px;"><i>Please attach evidence of both</i></div> | | | |
| The above vaccinations are Mandatory for the Aged Care sector. Willingness to obtain both if not already done is required. | | | |
| QUALIFICATION | INSTITUTION | LEVEL/STANDARD ACHIEVED | YEAR COMPLETED |
| | | | |
| | | | |
| | | | |
| <u>Other Relevant Skills & Abilities</u> | | | |

KALOMA HOME FOR THE AGED

| | |
|---|---------------------|
| EMPLOYMENT HISTORY: Detail most recent position first | |
| (1). Employer Name: | (2). Employer Name: |
| Position Held | Position Held: |
| Dates From/To: | Dates From/To: |
| Reason for Leaving: | Reason for Leaving: |

Can you provide documented evidence of hours worked in relation to field of work: Yes No

Are you legally entitled to work in Australia? Yes No

REFERENCES: Please attach copies of written references if you have them. Employment will not be offered unless reference checks can occur. Family members or close friends are not eligible to provide a reference. Professional references are preferred particularly when related to the position applied for at Kaloma.

| | |
|-------------------|-------------------|
| (1). NAME: | (2). NAME: |
| POSITION: | POSITION: |
| PHONE: (Work): | PHONE: (Work): |
| (Home or Mobile): | (Home or Mobile): |

Your information is held in compliance with the Privacy Act 2001. Should you not receive an offer of employment within 6 months of completing this application then your application & resume will be destroyed or returned to you. Please indicate if you wish to have your resume' returned to you.

RETURNED DESTROYED

I acknowledge completely that the deliberate giving of false information, with respect to any of the above areas, may lead to my dismissal if employed by Kaloma. I agree for the Kaloma organisation to contact the above-mentioned referees for the purpose of reference checking procedures.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINT NAME: _____



ROSTER PREFERENCE FORM

Please complete the form below and indicate which shift am, pm or night duty you can do on each day. If you are unavailable write N/A for that shift. You must be prepared to work one full week-end in two. If you wish to work every week-end then tick the shift that you wish to do.

Your preference/request cannot be **guaranteed**. It is essential that you understand this fact. Kaloma makes every endeavour to ensure that staff achieve the shifts they want/need however it is not always possible when trying to deliver a fair roster to all.

New staff will slot into the shifts vacated by the person who has left or reduced hours. Existing staff may ask in writing, for additional shifts when shifts are vacated by others.

EMPLOYEE NAME: _____ **POSITION:** _____

| WEEK 1 | WED | THURS | FRI | SAT | SUN | MON | TUES |
|------------|-----|-------|-----|-----|-----|-----|------|
| AM | | | | | | | |
| PM | | | | | | | |
| NIGHT DUTY | | | | | | | |

| WEEK 2 | WED | THURS | FRI | SAT | SUN | MON | TUES |
|------------|-----|-------|-----|-----|-----|-----|------|
| AM | | | | | | | |
| PM | | | | | | | |
| NIGHT DUTY | | | | | | | |

Comments:

Your preference/request cannot be **guaranteed**. It is essential that you understand this fact.

Signed: _____ Print Name: _____

Date: _____