

APPLICATION FOR EMPLOYMENT



POSITION APPLIED FOR: _____

- CASUAL
 PERMANENT PART-TIME
 FULL TIME PERMANENT

SURNAME:	FIRST NAME:
STREET ADDRESS:	
EMAIL:	
YOUR TELEPHONE NUMBER: Home:	EMERGENCY CONTACT Name: Relationship: Telephone:
Mobile:	
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 prior to commencing employment at Kaloma at their own cost. Your employment is subject to a satisfactory clearance. An unsatisfactory outcome of a clearance 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 PRIOR 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
Please attach evidence of both
 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

Other Relevant Skills & Abilities

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 <input type="checkbox"/> No <input type="checkbox"/>
Are you legally entitled to work in Australia? Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>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.</p>	
(1). NAME:	(2). NAME:
POSITION:	POSITION:
PHONE: (Work):	PHONE: (Work):
(Home or Mobile):	(Home or Mobile):
<p>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.</p> <p>RETURNED <input type="checkbox"/> DESTROYED <input type="checkbox"/></p>	

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

Kaloma has a system of set rosters. This means that from one week, month and year to the next you will know if you are working a particular day.

Please complete the form below and indicate which shift am or 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 week-end in two. If you wish to work every week-end then just tick (√) the shift am or pm or night duty that you wish to do. All can be √.

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: _____