



St John

Application for Employment

Position applied for _____ Ref. No. _____

PERSONAL DETAILS

Surname Given Names

Address

..... Postcode.....

☎ Home ☎ Work ☎ Mobile

Fax..... E-Mail Address

Are you a Permanent Resident of Australia or an Australian citizen? No Yes

Do you hold a visa which gives you permission to work in Australia? No Yes Visa class.....

(Please note: Documentary evidence will be required regarding Permanent Residency and/or Visa)

EDUCATION

Documentary evidence may be required. Please omit this section if submitting a current resume

SECONDARY

From/To	School/Institution	Level attained
___ / ___ / ___
___ / ___ / ___

POST SECONDARY/TERTIARY

From/To	School/Institution	Qualifications Obtained
___ / ___ / ___
___ / ___ / ___
___ / ___ / ___

Have you ever worked for St John Ambulance Australia? No Yes if YES, please give details:

Dates From..... To.....

Position Title.....

EMPLOYMENT HISTORY

Please omit this section if submitting a current resume and referees

1. Current/Most Recent

Employer (Company name & address).....

Dates From To

Reason for Leaving

2. Employer (Company name & address).....

Dates From To

Reason for Leaving

3. Employer (Company name & address).....

Dates From To

Reason for Leaving

4. Employer (Company name & address).....

Dates From To

Reason for Leaving

REFEREES

Following interviews, St John Ambulance Australia (NSW)/St John National Business Centre may wish to undertake referee checks. Please provide contact details of at least two referees. Please ensure the referees are aware that they may be contacted.

1. Referee name ☎ Phone number.....

Referee's position title/Organisation.....

2. Referee name ☎ Phone number.....

Referee's position title/Organisation.....

HEALTH

Do you have any known physical or mental conditions which may impact on your ability to undertake the duties of the position for which you have applied? No Yes If YES, please specify:

.....
.....

Have you ever lost time from work with a medical disorder or had any operations?
 No Yes If YES, please specify:

Nature of disorder	Year of disorder	Insurance Company (if compensable)	Have you fully recovered?
.....
.....
.....

CONDITIONS

- I certify that the information given in this application is true and I understand that any false information:
 - Will prohibit me from being appointed to St John Ambulance Australia (NSW)/St John National Business Centre
 - If employed, will be sufficient reason for termination of my employment.

- I give consent to St John Ambulance Australia (NSW)/St John National Business Centre to undertake checks with any referees listed in this 'Application for Employment' form, or 'Current Resume'.

- I acknowledge that my attendance at a Pre-Placement Medical assessment which may involve a medical examination by a St John medical provider at St John's expense, may not lead to an offer of employment. Any offer of employment that may be made will be subject to a satisfactory medical report.

- I understand relevant paperwork and checks (eg consent to conduct a Criminal Record Check, Prohibited Employment Declaration, Code of Conduct, Computer Systems and Data Communication Networks Usage Policy, statement of driving record) will need to be completed if I am to be accepted for employment.

- I understand and agree that an offer of employment is not deemed to be valid unless formally made in writing by the Chief Executive Officer and signed by me as an indication of my acceptance of this offer and conditions set out therein.

- I acknowledge that, if appointed to a temporary position replacing an employee on maternity/ extended leave, my termination date may be varied depending on the confirmed return date of the employee I am replacing.

Applicant's Signature Date

The information on, or submitted to support, this form is being collected by St John Ambulance Australia (NSW)/St John National Business Centre for the purpose of assessing your application for employment and may be considered in future applications by us. This information will be disclosed to relevant human resource personnel, managers of St John Ambulance Australia, as well as any recruitment agency through which you contacted St John Ambulance Australia (NSW)/St John National Business Centre. You are able to access this information by contacting Human Resources on (02) 9219 6863. If you do not provide the information requested, we may not consider your application for employment. If your application is unsuccessful, the information you have provided will be destroyed.