

LINC Employment Application

Position you are applying for:

Job Title:

Personal / Contact Details

Name:

Street Address:

Suburb:

State:

Postcode:

Date of Birth:

Postal Address:
(if different from above)

Suburb:

State:

Postcode:

Home Phone:

Mobile:

Email:

Australian Citizenship or Residency Status

Are you an Australian Citizen or Permanent Resident Yes No

If no, do you have a Working Visa Yes No

If yes, please provide a copy of your passport:

Working with Children Check (Please apply online www.kidsguardian.nsw.gov.au)

Clearance Number

Expiry Date

Please attach a current National Police Check that has been issued in the last 12 months

Previous Applications

Have you applied to work at LINC previously Yes No

LINC Employment Application

Referees

Please provide the names of 2 recent work supervisors

Name:	
Position:	
Organisation:	
Phone Numbers:	
Relationship:	

Name:	
Position:	
Organisation:	
Phone Numbers:	
Relationship:	

Do the people you have named above know that you have nominated them as a referee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, you should contact them and ask their permission

General

1. Is your resume a true and accurate reflection of your work and educational history?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2. Have you ever been dismissed from a previous employment for misconduct or poor work performance?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
3. If offered the position, when would you be able to start? Date...../...../.....	
4. What is your highest qualification received?	
5. Do you provide permission for the storage and use of your personal and professional information for the purposes of employment, in line with privacy laws? <i>(Please note that unsuccessful applications are kept in secure places for three months)</i>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
6. Do you have access to a vehicle that is registered and insured <i>(Insurance must be additional to greenslip)</i>	<input type="checkbox"/> Yes / <input type="checkbox"/> No

LINC Employment Application

<p>7. Do you have a criminal history that includes any convictions against you in relation to a serious sex offence or specified other assaults whether you have been convicted or not? Please include matters where you have been found not guilty, details of any failures to appear in court, and matters which have not yet been finalised. This also includes driving convictions including drink driving.</p> <p>Please provide specific details for example the date of the incident, where the incident occurred and the charge (include incidents that occurred overseas)</p> <p><i>(Please note if you do not disclose accurate details, this could affect your employment outcome)</i></p> <p>Details:</p>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
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Diversity	
<p>8. What is the main language that you speak at home? Do you speak any other languages</p>	
<p>9. Do you classify yourself as indigenous</p>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<p>10. Are you a person with disability? <i>If yes what type of disability do you have and specify any assistance you may require:</i></p>	
Medical and/or Health Conditions	
<p>LINC has an obligation to ensure all its employees have a safe working environment. To avoid inadvertently placing you in a situation where your safety is at risk we need to ensure we have done everything reasonably practicable to satisfy ourselves that you are physically and mentally capable of performing the tasks associated with the position for which you are being considered. To satisfy our responsibility under the Work Health & Safety legislation please answer the following questions by circling “yes” or “no” and sign below where indicated.</p> <p>Unanswered questions are not acceptable.</p>	
<p>11. Are you taking/or have you taken and regular medication or any other drugs that may affect your ability to do the job? <i>If yes please provide details:</i></p>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<p>12. Do you have/or have you suffered from any allergies that may affect your ability to do the job? <i>If yes please provide details:</i></p>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Do you have or have you ever had any of the following health conditions? If yes please comment next to each category:	
<p>13. Angina/Heart Attack:</p>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<p>14. Rheumatic Fever:</p>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<p>15. Dermatitis/Eczema:</p>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<p>16. Injury at Work:</p>	<input type="checkbox"/> Yes / <input type="checkbox"/> No

LINC Employment Application

17. Injury at Sport:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
18. Back Pain:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
19. Sciatica/Leg Pain:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
20. Neck Pain:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
21. Joint Pain/Arthritis:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
22. Insulin Dependent Diabetes:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
23. Eye Disorders:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
24. Hearing Loss:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
25. Epilepsy:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
26. Frequent Headaches:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
27. Chronic Degenerative Condition: Please Specify:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
28. Neurological Condition:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
29. Mental Health Diagnosis:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
30. Pneumonia/Pleurisy:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
31. Emphysema:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
32. Bronchitis:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
33. Asthma:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
34. Has your health ever been affected by sitting or standing or prolonged periods? <i>If yes please provide details:</i>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
35. Has your health ever been affected by completing manual handling tasks? <i>If yes please provide details:</i>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
36. Have you ever been effected by frequent use of information technology equipment? Eg computers <i>If yes please provide details:</i>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
37. Please specify any other condition not mentioned previously that may be aggravated whilst undertaking the inherit duties of the position or may impact on your ability to carry the duties of the position:	
38. Have you ever had a Workers Compensation Claim before? <i>If yes please provide details of such injury, when it was sustained and if you are fit for pre-injury duties.</i>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
39. Are there any factors which would prevent you from fulfilling the requirements of the job? <i>If yes please provide details:</i>	<input type="checkbox"/> Yes / <input type="checkbox"/> No

DECLARATION

I certify that the information on this declaration is true and accurate to the best of my knowledge and I have not withheld any information regarding my past or present employment or health.

If I have disclosed any health conditions above, I consent to my treating doctor or other treating practitioner providing information to the pre-employment assessment team for the purpose of assessing my suitability to undertake the duties for which I have applied. Also I agree to attend a medical examination with an agreed medical practitioner to review the impact of the above health information I have declared on my ability to perform my duties

LINC Employment Application

without affecting my health and safety.

I understand that by signing this form, I authorise LINC to release information to the pre-employment assessment team.

I also understand that if it is found that I have provided false or misleading information I will not be employed or my contract of employment may be terminated without notice.

Applicant Signature: _____ **Date:** _____

RECRUITMENT PROCESS

Applicants will be contacted initially by phone, to discuss your application and shortlisted candidates will be contacted to attend an interview.

Following will be an induction process with training on specific areas of the business and buddy shifts.

SUBMITTING YOUR APPLICATION

Please email your application including all required documentation to our HR department

EMAIL TO:

pccoordinator@linc.org.au

For general application enquiries please phone: 02 6354 5917