



EMPLOYMENT APPLICATION FORM

** All information must be completed or the application will not be considered for selection **

Name: _____ Contact Phone No: _____

Address: _____

Suburb: _____ Postcode: _____ Email: _____

Date of Birth: _____ Guardian/Parent name: (if under 18) _____

Contact Phone No: _____

Position applying for: _____

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| What attracted you to apply for this position? | |
| Are you an Australian Citizen and Permanent Resident of Australia? | YES / NO Visa Type: Expiry Date: |
| Have you ever worked overseas? | Dates: / / to / / |
| I can / cannot attend a scheduled group interview | YES / NO |
| What experience do you have with working with children? | |
| Do you have other life experience which is relevant to this job? | |
| Are there any reasons why you would not be able to attend work regular shifts or complete a rotating roster? | |
| Would you be available to work at short notice? | YES / NO |
| Are you prepared to attend regular professional development courses to improve your skill/knowledge level? | YES / NO |
| What skills do you have that may be relevant? | |



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| <p>What are your current qualifications and expiry dates?</p> <p>QUALIFICATIONS REQUIRED</p> <p>Qualifications Essential (Must have current or willing to obtain)</p> <ul style="list-style-type: none"> • Working with Children's Check • Level 2 First Aid <p>Desirable</p> <ul style="list-style-type: none"> • Current First Aid/CPR qualification <p>If currently completing tertiary education please provide details of the course you are undertaking, training institutions, start date and expected completion date and transcript of results.</p> | <p>Qualification: Expiry date:</p> <p>Qualification: Expiry date:</p> <p>Qualification: Expiry date:</p> <p>Course: _____ Registered Training Organisation: _____ Start Date: ___/___/___ Completion Date: ___/___/___</p> <p>PROVIDE A COPY OF QUALIFICATIONS, TRANSCRIPT OF ATTAINMENT.</p> |
| <p>Do you have any restrictions with respect to transport?</p> | <p style="text-align: center;">YES / NO</p> <p>If yes, please outline what these are:</p> |
| <p>Please explain a challenging situation with a child which you feel that you handled well. What was happening, what did you do, and what would you do differently again?</p> | |
| <p>Have you worked with children with additional needs before?</p> | <p style="text-align: center;">YES / NO</p> <p>If yes, what disabilities are you comfortable in working with? If no, would you have a problem in working with children with additional needs?</p> |
| <p>Key Selection Criteria Please address the following Key selection criteria and provide examples that support your application.</p> <p>Knowledge & Experience</p> | |



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| <ul style="list-style-type: none"> • Previous experience at commercial cleaning • Attention to detail. • Ability to successfully and quickly complete tasks. • Positive attitude and commitment to YMCA values (Honesty, Caring, Respect and Responsibility) • A genuine interest at working as part of a team to provide a great experience for guests. • Proven initiative. <p>Use additional paper and attach to the application if required.</p> | |
| <p>Have you ever been the subject of an employer investigation?</p> | <p>YES / NO</p> |
| <p>Have you been charged with a criminal offence involving children, violence, drug dealing or dishonesty?</p> | <p>YES / NO</p> |
| <p>Duty to Disclose- Do you have a pre- existing injury that has received medical treatment in the past 12 months?</p> | <p>YES / NO</p> <p>Provide details of injury and treatment. Be specific and outline part of the body that was injured, when, treatment and any limitations this has on your ability to perform the role.</p> |
| <p>Have you had a previous workplace injury? If yes pleas provide details of injured, approximate dates and treatment.</p> | |
| <p>Fit for Work If required in the pre-employment process you are required to undertake a pre- employment medical would you undertake this?</p> | <p>YES / NO</p> |

YMCA Geelong Inc.

ABN: 29 064 925 688

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| <p>Do you have a pre-existing medical condition?</p> <p>Would you be prepared to undertake a fit for work medical review prior to commencing employment if required?</p> <p>Indicate if you have any of the following conditions:</p> | <p style="text-align: center;">YES / NO</p> <p>Provide details of condition and treatment. Be specific and state any limitations this may have on your ability to perform the role.</p> <p style="text-align: center;">YES / NO</p> <p>Hypertension YES / NO Angina YES / NO Heart Conditions YES / NO Diabetes YES / NO Type I Type II (Respiratory Condition(s) YES / NO If Yes, provide details: i)Asthma (ii) Bronchitis (iii) other _____ Mental Health Issue YES / NO _____ ADHD YES / NO Autism YES / NO Other medical conditions YES / NO _____ _____ _____</p> |
| <p>Current Employment - If you are currently employed/volunteering on a casual basis please outline the current employer(s) and number of hours worked:</p> | <p style="text-align: center;">YES / NO</p> <p>Employer (s): _____ Hours: _____</p> |
| <p>List name and phone contact details (landline) for your current or most recent employer. (NB: If you are short-listed for appointment this referee will be contacted for suitability and screening purposes.)</p> | <p>Current/most recent employer's name: _____</p> <p>Organisation: _____</p> <p>Contact phone number: _____</p> |
| <p>A minimum of three (3) reference checks will be conducted for all short-listed applicants. Please list name and phone contact details.</p> | <p>1st Contact: Name: _____ Contact phone number: _____ Relationship to you eg. supervisor/friend/manager: _____</p> <p>2nd Contact: Name: _____ Contact phone number: _____ Relationship to you eg. supervisor/friend/manager: _____</p> |

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| | 3 rd Contact: Name: _____ Contact phone number: _____ Relationship to you eg. supervisor/friend/manager: _____ |
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Short-listed Applicants will be required to produce at least two types of evidence of personal identification, one of which must contain a photograph.

Acceptable identification includes current passport, birth certificate, driver's license, Medicare/Healthcare/Pension card, student card or notice of tax assessment.

A current police check is a requirement of employment. 100 points of Identification is required. Do you consent to a Police Record Check? **YES / NO**

If you have been ever lived overseas you will be subject to an International Police Record Check. Do you consent to an International Police Record Check? **YES / NO**

A state legislated Working with Children Check (WWCC) is required to be supplied by the applicant.

Do you have a current WWCC that recognises that you are able to work in a children's service?

YES / NO if yes, Card No: _____ Expire date: ____/____/____

Not applicable for applicants under the age of 18 at the time of employment but a requirement immediately prior to turning 18 years of age.

I hereby declare that the information provided is true and correct at the time of submission of my application for employment at YMCA Geelong Inc.

- I have completed all questions
- I have attached copies of my qualifications, transcript of results, certificate of attainment
- I have provided a copy of my current resume

Name of Applicant: _____

Signed: _____ Date: _____

The YMCA acknowledges and respects privacy of individuals. The personal information being collected is for the purposes of processing your employment application with the YMCA. By completing this application you have consented to this information to be collected, used and disclosed for the purposes it intended. The intended recipients of this information are the YMCA, its authorised staff. You have the right to access and alter personal information concerning yourself in accordance with the Commonwealth Privacy Act (Amended 2013) and YMCA Privacy Policy.

Return applications to: geelong@ymca.org.au

OFFICE USE ONLY:

Date received:

Staff Initials:

Interview offered:

Yes / No

Comments:

Referee Checks Completed- **Yes /No** (Refer to referee interview template)

Police Record Check Completed- National (Australia) **Yes /No**

International Police Check Completed (If applicable) **Yes /No**

Consider for employment Yes /No

Offered position Yes /No