



## Employment Application Form

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

I am applying for the following position:

What attracted you to apply for this position?

### Your information

First Name

Last Name

Address

Suburb

Postcode

Email

Phone

Date of Birth

Guardian/Parent Name (if under 18)

Guardian/Parent Phone (if applicable)

Are you an Australian Citizen and Permanent Resident of Australia?

YES  NO

If no, Visa Type

Expiry Date

Have you ever worked overseas?

YES  NO

If yes, please provide dates:

 to 

I can 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 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 (at your own cost)?

YES       NO

What skills do you have that may be relevant to the position?

Do you have any restrictions with respect to transport to and from work place locations?

YES       NO

If yes, please outline what these are:

**Please complete this section for all direct service positions.**

ie Gymnastics coaches/program leaders/vacation care.

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?

Have you worked with children with additional needs before?

YES       NO

If yes, what disabilities are you comfortable in working with? If no, would you have a problem in working with children with additional needs?

Have you ever been the subject of an employer investigation?

YES       NO

If yes, please outline:

Have you been charged with a criminal offence involving children, violence, drug dealing, dishonesty or driving?

YES       NO

If yes, please outline:

## **Key Selection Criteria**

**Please address the key selection criteria outlined in the position description. Provide examples of how you have demonstrated that you have met or exceeded these criteria requirements.**

(Please attach additional paper to this application if needed).

(If you are currently completing tertiary education please provide details of the course you are undertaking, training institutions, start date and expected completion date and transcript or results.)

## Medical History (Duty To Disclose)

Do you have a pre-existing injury that has received medical treatment in the past 12 months?

YES       NO

If yes, please 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.

Have you had a previous workplace injury?

If yes please provide details of injury, dates and treatment

Do you have any of the following pre-existing medical conditions listed below?

YES       NO

- |                                                   |                                              |                                               |
|---------------------------------------------------|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Hypertension             | <input type="checkbox"/> Mental Health Issue | <input type="checkbox"/> Soft Tissue Injuries |
| <input type="checkbox"/> Angina                   | <input type="checkbox"/> ADHD                | <input type="checkbox"/> Anxiety              |
| <input type="checkbox"/> Heart Condition          | <input type="checkbox"/> Autism              | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Muscular Injuries   | _____                                         |
| <input type="checkbox"/> Respiratory Condition(s) | <input type="checkbox"/> Skeletal Injuries   |                                               |

Please provide details of the condition and treatment. Be specific and state any limitations this may have on your ability to perform the role. Please provide Asthma or Anaphylaxis Management plans from your medical practitioner if you have either of these medical conditions.

Would you be prepared to undertake a fit for work medical review prior to commencing employment if required?

YES       NO

## Current Employment

### Are you currently employed/volunteering?

Please outline the current employers and number of hours worked.

YES

NO

Employer(s)

Hours

List name and phone contact details (Landline) for current or most recent employer.

Current/most recent employer's name

Organisation

Phone

### A minimum of three reference checks will be conducted for all short-listed applicants.

\*NOTE: One of the three referees must be someone who has had direct supervision of you in a workplace. (Study environment for students).

Please list name and phone contact details.

**1** Contact

Phone

Relationship to you eg supervisor/manager

**3** Contact

Phone

Relationship to you eg friend/manager

**2** Contact

Phone

Relationship to you eg friend/manager

**Short listed applicants will be required to produce two types of evidence of personal identification (one from each of the list below).**

- a. A current passport, birth certificate, drivers license
- b. 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 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 recognised that you are able to work in a children's service?

YES       NO

If yes Card please provide the WWCC card number      Expiry date:

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Please note that if you are over the age of 18 it is essential that you obtain a Working With Children Check prior to being employed by YMCA Geelong Inc. (Not applicable for applicants under the age of 18 at the time of employment but a requirement immediately turning 18 years of age.)

**You are required to list YMCA Geelong as your employer of the WWCC if you are successful in obtaining this position.**

**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.**

Please tick the following:

- I have attached my responses to the key selection criteria outlined in the position description
- 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 respect 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 intended. The intended recipients of this information are the authorised YMCA 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 payrollhr.geelong@ymca.org.au**

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OFFICE USE ONLY

**Date Received**

**Staff Initials**

**Interview Offered**

YES       NO

Comments:

**Qualifications Provided**

YES       NO

**Referee checks completed**

(Refer to referee interview template)

YES       NO

**Considered for employment**

YES       NO

**Offered Position**

YES       NO

**Working with Children Check - Employee**

YES       NO

**Police Record Check Completed - National (Australia)**

YES       NO

**International Police Record Check Completed (If applicable)**

YES       NO