|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Details** | | | | | | | | |
| Doctor  Mr  Mrs  Ms  Other | | | Day / Month of Birth       /       / | | | | | |
| **Full Name (legal name including middle name):** | | | | | | | | |
| **Preferred Name:** | | | | | | | **Gender: Male  Female  Other** | |
| **Mailing Address:** | | | | | | | **Suburb:** | |
| **Postcode:** | **Email Address:** | | | | | | | |
| **Home Phone:** | | | | | **Mobile Phone:** | | | |
| **Employment History –** please list details of your most recent position | | | | | | | | |
| **Name of Company:** | |  | | | | **Location:** | |  |
| **Position Held:** | | **From:** | | | | **To:** | | **Salary/Hourly Rate:** |
| **Reported to – Name:** | | | | | | **Position:** | | |
| **Main Tasks & Responsibilities:** | | | |  | | | | |

**Academic / Professional Qualifications (**Original certificates will be required)

|  |  |  |
| --- | --- | --- |
| **Degree/Qualification** | **University/Training School** | **Study Periods/Dates** |
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**Referees**

**Please provide the names and contact details of 2 *professional* Referees. This must cover the last 2 years of employment and must be previous supervisors**

|  |  |
| --- | --- |
| Referee Name:  Company:  Referee’s Title:  Dates of Employment:  Telephone:  Email:  Was this person your Direct Manager?  Yes  No  Do you give us permission to contact this referee?  Yes  No | Referee Name:  Company:  Title of Referee:  Dates of Employment:  Telephone:  Email:  Was this person your Direct Manager?  Yes  No  Do you give us permission to contact this referee?  Yes  No |

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| **Eligibility** |
| **Are you an Australian/ New Zealand Citizen? Yes**  **No** |
| **If not, do you have a valid working visa? Yes  No** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Visa Information** (non-Australian & New Zealand Citizens only) | | | | |
| **Permanent Resident** | **No Restrictions** | | | **Student Visa** |
| **Working Holiday Visa** | **Working Visa** | | | **Other** |
| **Visa Number:** | | **Expiry Date:** | | |
| **Visa Conditions:** | | | | |
| **To be considered for employment, you must provide one of the following forms of identification to support your eligibility:** | | | | |
| Australian Passport  New Zealand Passport  Australian Citizenship Certificate – with supporting photo ID i.e. Driver’s License  Australian Birth Certificate – with supporting photo ID i.e. Driver’s License  Foreign Passport with relevant Australian Visa (permitting work)  Work permission from the immigration minister  Visa Evidence Card (PLO 56) (permitting work)  Other (please detail):  My signing this form below, I authorise RediMed to complete a VEVO check (verification of my Work Rights through the Department of Immigration and Citizenship) to ascertain my ability to work within Australia. | | | | |
| **Security Declaration** | | | | |
| **1. Have you ever been convicted by a court or dismissed from your employment for an offence involving serious assault/manslaughter, drugs, theft or dishonesty?**  **Yes  No  Decline to Answer** | | | | |
| **2. Do you have any court cases pending?** | | | | |
| **Yes**  **No**  **Decline to Answer** | | | | |
| ***NB \*You are not required to disclose spent, quashed or pardoned convictions.***  **Should you be successful in gaining a position with REDIMED, you will be required to provide a Police Clearance and Working with Children Check (if applicable.)** | | | | |
| **Applicant Declaration** | | | | |
| I verify that the above information supplied by me is accurate and truthful. I acknowledge that false information could result in the termination of my employment. | | | | |
| I consent and authorise RediMed to conduct reference checks and consent to them disclosing my personal and sensitive information for this purpose, if I supply these names in support of this application and understand that failure to supply referees may prevent this application proceeding. | | | | |
| I consent to RediMed collecting personal and sensitive information from any third party source or from me and/or using and disclosing the same to any third party for the purpose of assessing my application for a position with RediMed:   * on this form; and/or * during any interviews; and/or * at any time through the recruitment process for the position I am applying in this form | | | | |
| I understand and consent that any personal or sensitive information which RediMed collects will be held and used by them in accordance with the Australian Privacy Principles and in accordance with RediMed’s Privacy Policy, to which I have had access.  I understand that if I have any questions or complaints in regards to my personal or sensitive information I may contact the Privacy Officer at RediMed and that the Privacy Policy contains details about how I can access information RediMed may have about me, how I can correct it, how I can complain about it and how RediMed will handle that complaint. | | | | |
| **Applicant Signature:** | | | **Date:** | |