



M A R E E B A
A G E D C A R E

Application for Employment

Application must include a Current Clear Police Check Certificate and a copy of Photo Identification

OFFICE USE ONLY:	INTERVIEW APPOINTMENT	DATE: _____	TIME: _____
No POSITION LETTER SENT:	_____	ORIENTATION DATE:	_____

PERSONAL INFORMATION

POSITION APPLIED FOR: _____

SURNAME: (MR, MISS, MRS, Ms) _____

GIVEN NAME _____ PREFERRED NAME _____

ADDRESS _____

POSTCODE _____

TELEPHONE: HOME _____ MOBILE _____

EMAIL : _____

HAVE YOU BEEN EMPLOYED AT MAREEBA IN THE PAST ? *If so please give dates and reason for leaving* _____

Have you applied for any positions here previously? YES NO

IF YES, PLEASE GIVE DETAILS _____

HOW DID YOU HEAR ABOUT THIS POSITION ? _____

ARE YOU INTERESTED IN A TRAINEESHIP WITH THIS ORGANISATION? YES

Do you have a current Australian Federal Police Check ? YES NO

NURSE REGISTRATION NUMBER: _____

EDUCATION & PROFESSIONAL DETAILS

Details of Secondary education and Tertiary qualifications

Dates Studied	Institution	Course	Standard Attained

EMPLOYMENT HISTORY

From-To	Employer	Position	Reason for leaving

REFERENCES Please list 3 Professional References

Name	Company	Phone Number

Do you give Mareeba permission to contact your most recent employer? *Please give contact details.* YES NO

Have you ever suffered an injury at a previous work place? *If so please give details.* YES NO

Have you ever been charged with a criminal offence? *If so please give details.* YES NO

NOTE: It is the responsibility of all employees to maintain a health status that allows them to competently and effectively carry out the duties of the position.

I fully understand that any false, misleading or incomplete information stated by me in this application may lead to instant dismissal if employed by Mareeba Aged Care.

APPLICANT'S SIGNATURE

DATE

WITNESS SIGNATURE

DATE

CONFIDENTIAL PRE EMPLOYMENT HEALTH / FITNESS ASSESSMENT

The aim of this Pre-Employment Health / Fitness questionnaire is to ensure that applicants physical and other related abilities are matched to the medical and fitness standards for the particular duties of a job.

Pre-Employment Health / Fitness questionnaires are necessary to determine that:

- There is no risk of aggravating a pre existing condition
- The applicant is able to productively carry out the duties of the position safely
- The applicant should not, because of medical condition increase the risk to other workers, residents, volunteers, contractors and visitors.

CONFIDENTIALITY

The Pre-Employment Health / Fitness questionnaire is treated as a confidential document and access is limited to a 'need to know basis. In the event of you being employed at Mareeba Aged Care, we will retain this form in a confidential file and reserve the right to refer to the information in the event of an accident, sickness, injury or claim for Workers Compensation. The information may also be used for other purposes, if so required by law.

IMPORTANT NOTICE

To assist Mareeba Aged Care in assessing your medical fitness for employment, you must answer the questions contained in this questionnaire truthfully and to the best of your knowledge.

Personal Details

Surname: _____ Given Names: _____

Date of Birth: _____ Female Male Country of Birth: _____

Address: _____ Phone No: _____

_____ Mobile No: _____

HEALTH AND FITNESS ASSESSMENT

Have you ever been exposed to any of the following hazards?

Noise	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Lead	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Solvents	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Fibres (eg Asbestos)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Radiation	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Dusts (eg Silica)	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Have you ever had a blood or body fluid incident while at work?

Give details if Yes: _____ Date: _____

Did you have any follow up investigations? No Yes

If No, reason why: _____

If Yes, Is the follow up complete. No Yes Date: _____

Have you ever suffered a work related or motor vehicle accident injury?

No Yes

Date of Injury: _____ Please provide details relating to every injury: _____

Have you ever suffered a sporting injury or injury at home or in the community?

No Yes

Date of Injury: _____ Please provide details relating to every injury: _____

Are you currently being treated by a doctor?

No Yes

Do you have any known allergies?

No Yes

Please specify: Insects Chemicals Drugs

Animals Other Please list: _____

Do you engage in regular exercise:

No Yes

Type and Frequency: _____

What do you do for relaxation? Eg sport, hobbies etc? _____

Do you currently smoke tobacco regularly? No Yes No per day: _____

For the purpose of determining whether you may have been exposed to tuberculosis, have you ever worked / lived or spent extended time in any of the following regions?

No Yes Aboriginal / Torres Strait Community Date: _____

No Yes Tuberculosis prevalent area Date: _____

No Yes South East Asia Date: _____

No Yes Middle East Date: _____

Have you ever had or been told that you have any of the following	No	Yes	If YES, provide details – including year and if issue is ongoing or resolved.
Scoliosis			
Spina bifida occulta			
Have you ever had back, neck or any other pain that lasted for more than a few days			
Muscular sprain or strain			
Joint stiffness			
Pins and needles or loss of sensation in the arms / hands or legs / feet			
An internal metal rod, screw, pin or plate etc			
Arthroscopy, carpal tunnel syndrome or tennis elbow			
Injury to back / shoulder / neck / knee			
Overuse injury / RSI / Tendonitis			
Vertigo or balance problems			
Injury or disease to the eye			
High / low blood pressure			
Heart problems / Rheumatic fever / Palpations / irregular heart beat / chest pain			
Varicose Veins			
Pains in legs when walking / climbing stairs			
Shortness of breath or chest pain during exertion			
Bronchitis / emphysema			
Pneumonia / pleurisy			
Asthma / wheezing / hay fever			
Persistent cough			
Problems with your lungs			
Malaria / other tropical disease			
Recurrent sore throat			
Autoimmune disorders			
Liver / pancreas problems			
Stomach / duodenal ulcers / reflux			
Abdominal pain or hernia			
Chronic fatigue			
Sleep disturbance or sleep apnea			
Excessive daytime tiredness or difficulty with shift work			
Depression, schizophrenia or other diagnosed mental health condition			
Claustrophobia or difficulty in confined spaces			
Diabetes, thyroid or hormonal problems			
Problems with your ears, nose, throat or sinuses			
Deafness, ringing in the ears or other ear problems			
Any other significant health problems			

Have you had any of the following immunizations? Last Given Last blood test Serology results

Hepatitis A	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Hepatitis B	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Rubella	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Measles	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Varicella Chicken Pox	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Tetanus / Diphtheria	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Polio	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Whooping cough	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Tuberculosis (BCG)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Other	<input type="checkbox"/> No <input type="checkbox"/> Yes		

DECLARATION

I _____ (Full name)

of _____ (Address)

Hereby declare that:

- I have read and understood the conditions of this form.
- I understand that, if employed the information I provide will be retained on my employee file and that the employer reserves the right to access and use the information, in the event of an accident, injury, sickness or claim for workers' compensation or for any other reasonable purposes, if so required by law.
- I consent for Mareeba Aged Care and its medical representatives obtaining or exchanging further medical information from my treating doctors or other health practitioners, if required for the purposes of this assessment.
- My answers relating to my medical and employment history are true and complete to the best of my knowledge. Furthermore there is nothing else regarding my health, wellbeing or ability to carry out the potential role which Mareeba Aged Care or its medical advisors may need to know to assess for the position(s) I have applied.
- I am fully aware that if I fail to disclose any relevant matter relating to my health which renders me incapable of properly fulfilling the duties of the position, the employer may not employ me and if already employed by the employer, my employment may be summarily be terminated.
- I understand and agree that this report and related health information provided may be supplied to Mareeba Aged Care and its medical advisors.

Full Name of Applicant

Signature of Applicant

Date