

EMPLOYMENT APPLICATION FORM

Personal Details:

Please complete ALL fields

Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs	Last Name:
Name in Chinese Character (If Applicable):	First Name:
Residential Address:	
Phone:	Mobile:
Email:	Country of Birth:
Have you worked for Jeta Gardens before : <input type="checkbox"/> No <input type="checkbox"/> Yes → Date:	

Position Applied For (please select one):

<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Diversional Therapist	<input type="checkbox"/> Kitchen Hand	<input type="checkbox"/> Gardener
<input type="checkbox"/> Enrolled Nurse	<input type="checkbox"/> Clerical Assistant	<input type="checkbox"/> Laundry Worker	<input type="checkbox"/> Handyman
<input type="checkbox"/> Care Support	<input type="checkbox"/> Cook	<input type="checkbox"/> Domestic Worker	<input type="checkbox"/> Others

Type of Employment Sought:

<input type="checkbox"/> Full Time	76 hours per fortnight
<input type="checkbox"/> Permanent Part-Time	Hours Preferred: _____ Days Preferred: _____
<input type="checkbox"/> Casual (Hours vary)	Hours Preferred: _____ Days Preferred: _____

Languages Spoken:

<input type="checkbox"/> English	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Others: _____
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Do you have an awareness of the linguistic, cultural and religious differences of the Chinese speaking community? Yes No

Qualifications:

Please attach photocopies – these will not be returned

Date	Qualification Attained	Institution

Employment History:

Please attach photocopies – these will not be returned

Date Commenced	Date Ceased	Employer's Name	Position Held

References:

All references MUST be current and will be contacted

Please give the names and contact numbers of three persons who would be able to act as an employment referee. (No relatives please)

Name	Position & Company	Contact Details

Other Employment Information:

1. Do you have legal entitlement to work in Australia? Yes No
2. Do you have a tax file number? Yes No
3. Are you prepared to have a Police check and fingerprint analysis done at your own expense as a condition of employment? Yes No
4. For the health and safety of all residents and staff, Jeta Gardens has a strict no-smoking policy, where staffs are not permitted to smoke on-site at Jeta Gardens. Are you happy to work within this policy? Yes No
5. Are you comfortable in having a pre-employment physical check completed by our delegated physiotherapist before commencing employment? Yes No
6. Do you have any relevant medical condition or disability that might affect your ability to do the job you have applied for? Yes No

If Yes, please explain:

Declaration:

I hereby declare that the information contained herein to be true and accurate. I realize that failure to disclose any relevant information regarding my professional, physical or emotional capabilities of doing the job could jeopardize any future position offered.

Signed: _____

Date: ____/____/____

Please complete and return to:
 Management
 Jeta Gardens (QLD) Pty Ltd
 PO Box 475
 Waterford, QLD 4133 or scan and email to
 enquiry@jetagardens.com

Receiving Person: _____ Directed to: _____ Date: ____/____/____
