An Equal Employment Opportunity Employer

APPLICATION FOR EMPLOYMENT

Instructions:

- Before applying please read 'How to Apply for a Job at STARTTS' available on our website.
- A separate application form must be completed if you are applying for more than one position.
- Submit all documents by the due date by email, post or hand-delivery. <u>Do Not fax applications.</u>

POSITION DETAILS							
Position Name:	Position Number:						
Where did you see this position advertised: Newspaper name:							
Internet site: (specify site/s)							
Other (please specify)							
PERSONAL DETAILS							
Surname: Given Names:							
[] Female [] Male Previous Names / Aliases:							
Date of Birth: Town & Country of Birth:							
Telephone (Home): Telephone (Mobile):							
Residential Address:							
State:	Postcode:						
Postal Address (if different to postal address):							
State:	Postcode:						
Email address:							
Driver's Licence: Driver's Licence Class: Licence Number:							
Expiry Date: Issuing State/Territory:							
Are you an Australian Citizen or Permanent Resident? [] Yes	[] No						
If no, do you hold a current work visa? [] Yes [] No							
What is your visa sub-class?							
Visa Restrictions: [] No [] Yes *Restrictions Details below:							

If called for an interview you must provide a copy of your current passport and current visa.

CURRENT QUALIFICATIONS

If relevant, submit copies of your qualifications with your application or if called to attend interview please bring with you at the time of the interview.

Overseas Qualifications:

If your qualifications are from overseas you must have them assessed in Australia by a recognised assessing, registering and/or licensing body before we can consider them for employment.

If you are selected for interview please bring original or certified copies of your qualifications and/or registration certificates to the interview.

If you have Certificates/Statements of Service from any previous employer which are relevant to the job you are applying form, please also bring them to the interview.

Working With Children Check (WWCC) (If relevant to the role)		
Working With Children Check Number. OR Application No.:		
Expiry Date:		
Expiry Date.		
OTHER DETAILS		
Languages (Optional. If fluency in a language is an essential requirement of the parties of th	•	
Please list languages (other than English) spoken or written fluently. (please tick)	Speak	Write
	+	
SPECIAL NEEDS (Optional) If you have any special needs to enable you to atten	d the inter	view
please list them below.		
HEALTH		
To the best of your knowledge and belief are you in good health? [] Yes	[] No	
Please provide details of any previous or current medical condition or restriction, pl which may affect your ability to perform the essential requirements of the job, and/or restrictions/requirements which require workplace adjustment.		otherwise,
This must include any medical condition or restriction arising from a previous worker claim. Failure to provide such information may jeopardise your right to workers' convexisting disability is aggravated at work (<i>Workers' Compensation Act 1987</i>). When worker has, at the time of seeking or entering employment in respect of which s/he for a disability, wilfully and falsely represented him/herself as not having previously disability a dispute resolution body may in its discretion refuse to award compensation.	mpensatione it is provedumental is provedumental in the impersion of the i	n if a pre- ed that the mpensation rom the

Applicants who have a health condition are invited to discuss its relevance or otherwise to their prospects for employment with the interview panel. A disability or injury is NOT a barrier to the consideration of an application for employment.

otherwise be payable.

REFERENCES								
Do you agree to have referees contacted in relation to this application? [] Yes [] No								
(Refere		Il be conducted in an e	ethical manner and all ir	formation derived will rem	nain			
			eak on your behalf rega supervisor (or immedia	ding your work history; as te past supervisor).	s far as			
Name	;	Contact number	Email	Position held relationship (supervisor)	•			
DECL	ARATION							
		ve details are correct.	including that my qualifi	cations are genuine.				
	rstand and agre			ounding and genraline.				
	 The terms and conditions of my employment will be in accordance with the appropriate Industrial Award or Agreement. 							
2.	 It is a condition of my employment that I am willing to work at any facilities of STARTTS should this be necessary. 							
3.	 STARTTS will conduct a 'Police Record Check' (CRC) as part of my appointment and if the position is child-related I will provide a 'Working With Children Check' (WWCC) clearance or application number. 							
	•	• •	qualifications with the a	• •				
	5. I consent to reference checks which may be necessary to support this application.							
6.	6. I consent to information on this form and accompanying documents being held by STARTTS for up to 6 months from date of application if I am unsuccessful. [See Privacy							
7.	Statement below.] 7. I declare that the statements made by me are true, complete and accurate. I understand that false, misleading or dishonest information provided by me may be grounds for dismissal or non-appointment with STARTTS.							
Signat	nature: Date:							

PRIVACY STATEMENT

In accordance with privacy legislation, STARTTS will use the personal information provided by applicants solely for the purpose of making appointments to positions within STARTTS. STARTTS will take all reasonable steps to protect the personal information it collects and uses. It will not disclose such information to any outside organisation. STARTTS will destroy the personal information within 6 months when it is no longer needed for selection purposes, except where the applicant accepts a position within STARTTS. By submitting personal information to STARTTS, applicants are deemed to have given their consent to the collection, use and storage of their personal information for the purpose stated above.

Applications including all documents required should be addressed to STARTTS **Human Resources**, and submitted **by the due date** by one of the following options:

- 1. Email (preferred option): STTS-Jobs@health.nsw.gov.au
- 2. Post: Attention HR STARTTS, PO Box 203 Fairfield NSW 2165