



The Essential Disability Group

## APPLICATION FOR EMPLOYMENT

*The information contained in this form is confidential and details will not be divulged to any person without authority.*

*Your completion of this form will help us greatly in considering your application. Failure to complete all sections of this application form may jeopardise your application. Please complete the application form in your own handwriting.*

DATE: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

DATE AVAILABLE TO TAKE UP EMPLOYMENT: \_\_\_\_\_

*Essential Employment & Training Ltd trading as EDG is an Equal Employment Opportunity employer and is committed to a high standard of Work Health & Safety (WHS). EDG is a smoke-free working environment.*

*Applicants called for interview will be subject to:*

- *a Working with Children Check. Prohibited persons as declared under the Child Protection (Prohibited Employment) Act 1998 are not eligible to apply.*
- *a National Criminal Check*

1. PERSONAL PARTICULARS			
FIRST NAMES:		SURNAME:	
STREET ADDRESS		PHONE:	
SUBURB:		PCODE:	

2. EDUCATION			
SECONDARY SCHOOLS ATTENDED	FROM	TO	LEVEL ACHIEVED

**3. FURTHER EDUCATION AND TRAINING**

INSTITUTION	FROM	TO	TYPE OF TRAINING	QUALIFICATIONS

PROOF OF TRAINING, QUALIFICATIONS OR MEMBERSHIP OF PROFESSIONAL ORGANISATIONS LISTED ABOVE MAY BE REQUESTED

**4. EMPLOYMENT RECORD - CURRENT (OR MOST RECENT) POSITION**

EMPLOYERS NAME: \_\_\_\_\_ REFEREE: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

DATE APPOINTED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

OUTLINE OF MAIN DUTIES: \_\_\_\_\_

REASONS FOR LEAVING: \_\_\_\_\_

**5. EMPLOYMENT RECORD - PREVIOUS POSITIONS (list last job first and account for all unemployed time)**

EMPLOYER	FROM	TO	DUTY PERFORMED	REASON FOR LEAVING	REFEREE

**6. MEDICAL INFORMATION**

Do you have any health problems or a medical condition that may affect your ability to perform the requirements of the position [as specified in the position description attached to this application?]. If yes, please provide details

**Yes / No**

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Would you agree to undergo a medical examination to assess your suitability to be able to carry out the requirements of the position?

**Yes / No**

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**7. GENERAL**

1. **Current drivers licences held** \_\_\_\_\_ **Type of Licence** \_\_\_\_\_

**Driver's Licence No:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

2. **Do you agree to an RMS driving record check?** **Yes / No**

3. **Do you agree to a Working with Children check?** **Yes / No**

4. **Do you agree to a Criminal Record Clearance?** **Yes / No**

5. **Can you provide your own vehicle if required?** **Yes / No**

6. **Do you have any disabilities/barriers which may affect your application?** **Yes / No**

**Please describe these and:-**

a) any reasonable adjustments which you feel should be made to the recruitment process to assist you in your application for the job.

b) any reasonable adjustments which you feel should be made to the job itself, which would enable you to carry out the job.

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7. **Detail any issues that may affect your ability to work weekends, evenings etc.:**

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**8. Sport and/or personal interests**

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**9. What were your reasons for applying for this particular job?**

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**10. Do you have any family members currently employed by *Essential Employment & Training Ltd*?  
If yes, please state their name and your relationship to them**

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**11. Do you have any friends, relatives, or acquaintances etc working for *Essential Employment & Training Ltd*?  
If yes, please state their name and your relationship to them**

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8. EMPLOYMENT REFERENCES (List <u>at least</u> two from a previous place of employment)			
PERSON'S NAME	COMPANY	POSITION	CONTACT NO. / ADDRESS

9. PERSONAL/CHARACTER REFERENCES (List <u>at least</u> two)		
PERSON'S NAME	RELATIONSHIP	CONTACT NO. / ADDRESS

Please note that

- a minimum of two (2) work related referees must be provided
- at least two (2) of the referees listed above will be contacted by our organisation

Comments/additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicants need to address the essential criteria as advertised, or per the Position Requirements.**

Please attach this information as a supplement to this application form. **Please ensure you send the following:**

- **Application for Employment Form**
- **Minimum of two (2) work related referees**
- **Any other relevant information**

This information must be true and correct at the time of application.

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Applicant's Signature

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Date

***Please forward your application to the address &or email provided in the advertisement.***

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**About Essential Employment & Training Ltd**



**(trading as EDG)**



Essential Employment & Training Ltd is a not for profit organisation with offices throughout NSW, leading the way in the development of employment, training & support for people with barriers through vocational, lifestyle & employment opportunities.

Visit our website for further details [www.eetgroup.com.au](http://www.eetgroup.com.au)



**About Essentra Learning**

Essential Personnel's Registered Training Organisation trading as Essentra Learning is a community based, not-for-profit organisation with over 20 years experience in the community services sector.

Essentra specialises in accredited, competency-based training considered essential in enhancing organisational and staff skills. Our focus is high quality, cost effective training, tailored to our clients' needs. Essentra Learning is a nationally recognised Registered Training Organisation accredited through the Australian Skills Quality Authority (ASQA).

Visit our website for further details [www.eetgroup.com.au](http://www.eetgroup.com.au)