



QUIRINDI RETIREMENT HOMES LIMITED

Eloura

Application for Employment

	Date	Authorised by	Position	Page 1 of 2	Form No
First Issued	Pre 1/1/00	J Miles	CEO		Amendment
Amended	6/6/11	L Lobsey	DOC/CEO		
Policy References					4

Administration Nursing Hotel Services

Date of Application

Position Applied for

PERSONAL

Surname Given Names

Address

..... Post Code

Contact Numbers: Work Home Mobile

Gender Date of Birth Age

Are you available for- (please circle)

Full time

Part time

Casual

EMPLOYMENT HISTORY (please list current job first)

Employer

Position

Dates Employed

.....

EDUCATION/TRAINING/QUALIFICATIONS – (other than Nursing)

.....

SKILLS & EXPERIENCE (list any you feel are relevant to this position)

.....

REFEREES

NAME

TELEPHONE NUMBER

.....

.....

.....

.....

NURSING STAFF ONLY –

Details of Nursing Education

Certificates Held	AHPRA Registration Number

Please attach a copy of current registration details from AHPRA

Year of Service.....Hours Worked.....

All applications are subject to a Probity Check of relevant police records which is to be applied for and paid for at own expense.

I hereby declare that the above information is, to the best of my knowledge, true and correct. I understand that deliberately providing false or misleading information will disqualify me from consideration for the position, and will lead to my dismissal if already employed.

.....
Applicants Signature

.....
Date