

**Application for Employment**

**Please indicate what type of work you are interested in?**

|  |  |  |  |
| --- | --- | --- | --- |
| Full-time |[ ]  Part-time |[ ]  Casual |[ ]  Volunteer |[ ]

**Please indicate the area in which you would like to work**

|  |  |
| --- | --- |
| Valley Skills for Life (Day Programs) |[ ]  Valley Bees  |[ ]
| Valley Supported Living |[ ]  Valley Secure Documents  |[ ]
| Administration |[ ]  Valley Linen Service |[ ]
| Valley Natures Care Nursery |[ ]  Valley Café |[ ]
| Valley Grounds Care |[ ]  Valley Vintage |[ ]
| Valley Timber |[ ]  Intalink Therapy Solutions |[ ]

**Privacy Safeguards**

You are assured the information you provide will be treated with confidentially and that your privacy will be respected. Please complete the remainder of this application to the best of your knowledge.

**Personal Information**

|  |  |
| --- | --- |
| First Name |  |
| Last Name  |  |
| Residential address |  |
|  |  |
| Postal Address |  |
|  |  |
| Phone Number |  |
| Mobile Number |  |
| Email |  |
| Date of Birth |  |
| Tax File Number |  |
| Do you identify as  | Aboriginal |[ ]  Torres Strait Islander |[ ]
| Unique Student Identifier |  |

**Licences**

|  |  |  |
| --- | --- | --- |
| Do you hold a current Drivers Licence? | YES |[ ]  NO |[ ]
| Drivers Licence No. and Class |  |
| Expiry Date |  |

**Disability**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a disability? |  | YES |[ ]  NO |[ ]
| If YES what type? |  |
| Are you Australian Citizen? | YES |[ ]  NO |[ ]
| Do you receive a Disability Support Pension? | YES |[ ]  NO |[ ]
| Centrelink CRN No. |  |
| NDIS No & Review Date |  |

**Employment History**

|  |  |
| --- | --- |
| Employer Name |  |
| Starting & Finishing Dates |  |
| Reason for Leaving |  |
| Employer Name |  |
| Starting & Finishing Dates |  |
| Reason for Leaving |  |
| Do you object to us contacting your previous employer/s? | YES |[ ]  NO |[ ]

During the last 5 years, have you been subject of formal performance management and/or disciplinary proceedings?

|  |  |  |
| --- | --- | --- |
|  | YES |[ ]  NO |[ ]
| If YES, please give a brief description |
|  |  |
|  |  |

Do you have an illness, injury, chronic condition, psychological/emotional condition or requirement for regular medication that may impact on your capacity to carry out the full requirements of the position?

|  |  |  |
| --- | --- | --- |
|  | YES |[ ]  NO |[ ]
| If YES, please give a brief description |
|  |  |
|  |  |

**Background Check**

|  |  |  |
| --- | --- | --- |
| Do you hold a Working with Children Check | YES |[ ]  NO |[ ]
| WWC Number for Verification |  |
| Have you ever been convicted of any criminal offense? | YES |[ ]  NO |[ ]
| If yes, please give a brief description |  |
|  |  |

**Declaration and Agreement**

I understand that any false or misleading information deliberately provided in this application can render my employment, if I am appointed, liable to termination.

I declare that all of the information provided by me in this application is true and correct.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Applicant |  | Date |  |

**Document Check**

Listed below are the documents required to complete this application

|  |
| --- |
|[ ]  * Current Resume, including two (2) reference checks contacts
 |
|[ ]  * Qualification Certificate and / or Australian Government Unique Student Identifier Transcript
 |
|[ ]  * Evidence of Other Training (if applicable)
 |
|[ ]  * NDIS Workers Check
 |
|[ ]  * Working with Children Check Number
 |
|[ ]  * First Aid Certificate
 |
|[ ]  * NDIS Workers Orientation Module
 |

**Please forward the completed application above, and documents to**

**Valley Industries Ltd**

**70 Whitbread Street, Taree NSW 2430**

**or email to**

**employment@valley-industries.com.au**