

Country Care Pty. Ltd.

ABN 19 067 327 440

Specialists in Attendant care & Home Support Services

Administration

196 Corio Street

P.O. Box 7268.

Shepparton, 3632.

phone (03) 5822 2611

fax (03) 5822 2911

APPLICATION FORM

For Employment as a Domestic Care Worker

About yourself

Name:

Date of Birth:/...../.....

Age:

Male / Female

Address:

..... **Postcode:**

Phone:

Mobile:

Answering machine: Yes / No

Country of Birth:

Languages Spoken:

Best time to contact:

Vehicle

(Please circle)

Transport: **Car / Motorcycle / Bicycle / Public Transport**

License: Yes / No

Manual / Automatic

Cylinders: 4 / 6 / 8

Do you have comprehensive insurance on your car:

Yes / No

Insurer:

Policy Number:

Availability

Please mark with tick the days and times you are available for work:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
EARLY AM							
MORNING							
LATE PM							
EVENING							
OVERNIGHT							

Are you looking for: Casual / Permanent Part Time / Full Time Employment.

Ideally how many hours per week would you like to work:

Are you happy to work short shifts (eg. 1 – 2 hours): Yes / No

Comments:

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Household Duties

The following table list household duties you may be expected to perform as an Domestic Care Worker:

Please indicate your willingness to perform each of these tasks:

Household duties	Will not do	Willing & require training	Willing & experienced
Meal			
- Preparation			
- Cooking			
- Assistance			
Light cleaning			
- Dishes			
- Vacuuming			
- Sweeping			
- Dusting			
- Kitchen			
- Bathroom			
Bed making			
Laundry			
- Washing			
- Ironing			
Light outdoor jobs			
Maintenance of Aids & Equip			
Other (specify)			
Recreation			
- Movies			
- Socialising			

Comments:

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(To assist us in matching to clients)

Please list your personal interests or hobbies:

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Do you have any disabilities, pre-existing injuries that would interfere with your ability to work as a Domestic Care worker? (eg: lifting, bending, allergies etc:)

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***Note: If you do not disclose any pre-existing injuries and need to make a work cover claim it may not be valid.**

Are you prepared to have a medical examination to confirm your fitness to work as a Domestic Care Worker. Yes / No

Work History

Current work / study details:

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Qualifications / Training:

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Have you worked as a Domestic Care Worker? Yes / No

If yes, please provide details such as organisation and period of employment.

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If no, please provide details of previous employment that you believe has relevance to Domestic Care Work.

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Why have you applied for work as a Domestic Care Worker?

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What would you see as your main roles as a Domestic Care Worker?

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Previous Employers

Please provide three previous employment details in space provided:

Place of employment:
Term of Employment:
Address & Phone No:
.....
Position held:
Reason for leaving:

Place of employment:
Term of Employment:
Address & Phone No:
.....
Position held:
Reason for leaving:

Place of employment:
Term of Employment:
Address & Phone No:
.....
Position held:
Reason for leaving:

Please note that these Employers maybe contacted for verification.

Referees

Please provide information of referees that can provide a reference for you:
(Seek referees approval prior to completion)

Name:
Phone No:
Business Name:
Address:
.....
Position held:

Name:
Phone No:
Business Name:
Address:
.....
Position held:

Name:
Phone No:
Business Name:
Address:
.....
Position held:

Are there any other comments or information that you feel may assist us with
processing your application?

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Police Check

A police check is mandatory for all prospective Domestic Care Workers. Will this police check show that you have ever been charged or convicted of a criminal offence? If yes please provide details:

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Signature: Date:/...../.....

Privacy information

It is Country Care Pty Ltd policy to involve clients in all decisions affecting their care, including the recruitment of Domestic Care Workers on their programs. Therefore as part of the recruitment and selection processes copies of applications that meet the key selection criteria will be forwarded to clients so they can decide who they would like to interview or bring onto their program.

Do you give Country Care Pty Ltd permission to forward your application form to client as part of the recruitment and selection process. Yes / No

Signature: Date:/...../.....

*Note: please contact the Country Care Office if you do not want any part of your information forwarded onto clients, or require further information about Privacy Information disclosure.

Declaration

I declare that the information I have provided is, to best of my knowledge, true and correct. I understand that if it is found that I have knowingly provided false information then my application may be rejected or if already employed, my service may be terminated. I also understand that any aggravation of an injury or disease not declared on this form will not be eligible for support through Country Care Pty Ltd or its insurers. I fully understand that if my application is successful, all information concerning Country Care Pty Ltd, its management, consumers and Domestic Carers is strictly confidential, and any unauthorised disclosure of this information may be considered a breach of confidentiality under the Privacy Act and may result in the termination of my employment.

Signature: Date:/...../.....