



Employment Application Form

Only people with the right to work in Australia may apply.

<i>For Office Use Only</i>
Employee ID:

THIS DOCUMENT WILL REMAIN CONFIDENTIAL WHEN COMPLETED				
Section 1 – Your Details				
Surname		First Name		
Address			State	Postcode
Home Telephone			Mobile	
Next of Kin			Mobile	
Email				
Section 2 – Right to Work Details				
Do you identify as Aboriginal or Torres Strait Islander			Yes	No
Are you an Australian Citizen or Permanent Resident?			Yes	No
Do you have a current Visa permitting you to work in Australia?			Yes	No
<p>Please note that prior to any offer of employment being made, you will need to provide verification of your right to work in Australia, which must include one of more of the following documents:</p> <p>Australian or New Zealand passport, or Australian birth certificate and photograph, or Australian citizenship certificate, or Evidence of permanent resident status*, or Temporary visa</p>				
Section 3 – Availability				
What type of employment are you interested in?	Part-time	Full-Time	Casual	
Are you prepared to do Shift Work? (If applicable)	Yes	No		
Days/Hours available?	Monday	Morning	Afternoon	Night
Note - you will <u>not</u> necessarily be asked to work all the hours you are available. The information enables us to match our employment opportunities to your availability	Tuesday	Morning	Afternoon	Night
	Wednesday	Morning	Afternoon	Night
	Thursday	Morning	Afternoon	Night
	Friday	Morning	Afternoon	Night
	Saturday	Morning	Afternoon	Night
	Sunday	Morning	Afternoon	Night



Section 4 - Employment History			
Current or most recent Employer:			
Position		Type of Business	
Supervisor		Location	
Date Started		Date Finished	
Responsibilities/Duties:			
Reason for Leaving:			
Company 2:			
Position		Type of Business	
Supervisor		Location	
Date Started		Date Finished	
Responsibilities/Duties:			
Reason for Leaving			
Have you worked for GJK Facility Services previously?		Yes	No
Section 5 – Professional Referees (Will only be contacted if a job offer is made)			
<u>Referee 1:</u>		<u>Referee 2:</u>	
Name of Referee:		Name of Referee:	
Company:		Company:	
Position		Position	
Phone ()		Phone ()	
Email		Email	



Section 6 – Certifications, Checks & Qualifications				
<i>(Where you answer 'Yes', Items marked with [*] will need to be sighted prior to any offer of employment)</i>				
Licences or Certificates	Yes / No	Class	Other details	Expiry Date
Driver's Licence	Yes No			
First Aid Certificate	Yes No			
Certificate II or III in Asset Maintenance or Cleaning Operations*	Yes No			
Working With Children Check* (Current)	Yes No			
Police Check* (within last 3 months)	Yes No			
As you are applying for a position of trust, do you have any criminal convictions that may make it inappropriate for you to take this position?	Yes No			
Highest Level of education completed	Secondary (high school) Tertiary Other			
Are you currently studying?	Yes No If yes, what are you studying? Institution: Date started: Expected completion Date:			
Section 7 – Skills				
List relevant skills – e.g. domestic, retail, commercial cleaning, computer, customer service, hospitality etc.				
Language Level				
Is English your first language?	Yes	No		
What is your level of spoken English?	Basic	Intermediate	Fluent	
What is your level of written English?	Basic	Intermediate	Fluent	
Section 8 – Disclosure of Relationships				
Are you in any way formally (through family or marriage) related to any person currently employed by GJK Facility Services? Yes No				
If Yes, please provide details:				



Disclosure of Relevant Medical History

The cleaning work GJK Facility Services employees perform requires a range of physical movement including bending, stretching, repetitive action, pushing, pulling, light to moderate lifting and standing and walking for most of a shift. While these activities if undertaken correctly and with care should present no risk to a person in good health, they may present an aggravation risk to a person with an existing or previous injury or condition.

At GJK we take our duty of care for our employees seriously and will not knowingly place any person at risk. For this reason, applicants are required to identify if they have had or currently suffer from an injury or condition relating specifically to the work they will undertake if employed.

If you answer **Yes** to any of the questions below it does not necessarily mean that you will not be employed by GJK, however we may need to seek additional information from you in order to ensure an informed decision can be made.

Please circle the correct response below:

Do you have or have you previously suffered from:

A spinal, neck or back related injury or condition requiring treatment?	Yes	No
A hip, knee, wrist or elbow injury or condition requiring treatment?	Yes	No
Any other injury or condition resulting from lifting, bending, repetitive action, pushing, pulling, standing or walking.	Yes	No
Any diagnosed degenerative or chronic condition which is likely to be Aggravated by repetitive lifting, bending, pushing, pulling, standing or walking	Yes	No

Additional 'Right to Work Information' (Visa Holders Only)

GJK Facility Services has a responsibility to ensure that any person offered employment, has the right to work in Australia. As you have identified that you are not an Australian or New Zealand Citizen or Permanent Resident, we request that you provide the following details in order the GJK can complete the necessary checks to verify your work rights.

Your full name as it appears on your Visa:

Your Visa Type:

Your Visa Number:

The Expiry Date of your Visa:

Your Passport Number:

The country in which your Passport was issued:



PRIVACY STATEMENT

This employment application form is maintained in strict confidence. Personal information collected via this application will only be used for the purpose of recruitment by GJK Facility Services Pty Ltd.

The information you submit to us may be disclosed to referees, our team members who are involved in recruitment or support roles, security organisations, recruitment agencies and other third parties who assist us in the recruitment process.

Any information we collect about you in future will be used and disclosed in the same manner as described above unless we tell you otherwise in advance. You may request access to personal information about you that is held by us.

CONSENT

I consent to GJK Facility Services Pty Ltd using and disclosing my personal information in the manner described above.

1. I confirm that I have answered the above questions truthfully. I acknowledge that a failure to make a disclosure or the making of false or misleading disclosure will result in the operation of Section 41 of the Workplace Injury Rehabilitation and Compensation Act 2013.
2. I acknowledge that the effect of section 82(2) is that any failure to make a disclosure, or the making of false or misleading disclosure will prevent me from obtaining compensation for any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing medical injury or disease arising out of, in the course of or due to the nature of my employment at GJK Facility Services.
3. **If applicable:** I understand that this offer of employment is made conditional on the successful completion of Police / Working With Children [other] Probity checks as specified and that failure to obtain clearance may result in GJK Facility Services withdrawing employment assistance or not considering me for employment.
4. **If applicable:** I further understand that this offer of employment is made conditional on my undertaking and successfully completing training agreement and that my refusal or non-acceptance to undertake and to successfully complete training may result in the termination of my employment.
5. **For employees employed part-time:** It is a condition of employment at GJK (to which you are bound by your acceptance of this offer) that you must work such additional part time hours as may be required at the applicable* ordinary part time rate of pay”

I have no objection to any of my referees nominated being contacted for a confidential reference report regarding my performance, services and any other information that will help determine my suitability for employment.

I have no objection to having a medical examination to determine my capacity to safely perform the inherent requirements of the position for which I have applied.

I declare that the statements made by me in this application are true, complete and correct. I understand that a false statement or dishonest answer to any questions may be grounds for my immediate discharge from employment.

By Checking the box below, you confirm and declare that you have read and agree to all conditions stipulated in this Application and that your responses to all questions asked are true and correct to the best of your knowledge.