**Senior Coordinator**

**APPLICATION FOR EMPLOYMENT**

ALARA QLD Limited 8-10 Warwick Road Ipswich Qld 4305

Phone: 07 3817 0600

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| Last Name: First Name: Other Name(s): |
| Present Address: (No., Street, City,) |  |
| Telephone #: | Mobile Phone #: | Alternative Phone: # |
| Fax #: | E-mail Address: |
| **EDUCATIONAL BACKGROUND**  |
| **Level** | **Qualification** | **Year Completed** |
| Secondary |  |  |
| Tertiary |  |  |
| Business or Vocational |  |  |
| Professional and/or Personal Memberships: |
| **EMPLOYMENT HISTORY** (List last job first and account for all unemployed time) |
| **Period of Employment** | **Employer (Name & Full Address of Organisation)** | **Position Held / Title** |
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| **All successful applicants are required by the Disability Services Act 2006, to have a Criminal History Screening through Disability Service Qld. ALARA will arrange for you to complete the Application Form if you are successful in gaining employment.** |
| Are you prepared to undergo a Criminal History Screening? |  |  |  |
| Have you made any motor vehicle insurance claims in the last 5 years? |  |  |  |
| Have you had any special motor vehicle insurance conditions imposed on you in the past 5 years? |  |  |  |
| Have you had a drivers licence cancelled, suspended or restricted in the last 5 years? |  |  |  |
| Do you have any pre-existing medical conditions or injuries which would affect your ability to perform the duties outlined in the job description? |  |  |  |
| Do you have any pre-existing medical conditions or injuries which could be aggravated by performing the duties outlined in the job description? |  |  |  |
| Is there a preferred date you would be available to start if successful? |  |  |  |

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| Please list any particular professional interests you have: |
| What are your reasons for applying for this particular job? |
| If you were a person with a disability, how would you expect to be treated by a coordinator? |
| **REFEREE CONTACT DETAILS**Can these referees be contacted prior to interview? **Yes No** (Include 2 former employers and 1 character reference. Please note referees are not to include relatives.) |
| **Name and Address** | **Position** | **Telephone** | **How Long****Known?** |
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I give my Consent and understand my information will be destroyed after 12 months

I do NOT consent but understand my information will be destroyed after 1 month

ALARA QLD Limited follows the Australian Privacy Principles contained in the *Privacy Act 1988* (Cth) (the 'Privacy Act').  in handling personal information from clients/carers, business partners, donors, members of the public and ALARA QLD Limited People (including members, volunteers, employees, delegates, candidates for volunteer work and prospective employees).  As you have provided personal information ALARA Qld Limited requires your consent to hold your information for up to 12 months. Please tick Yes or No to your consent below, if you tick NO your information and application will be destroyed after 1 month. If you give consent your information will be kept for up to 12 months at which point will be destroyed if you are not successful in your employment with ALARA Qld Limited.

I verify that the above information which I have provided in this application is true and correct and I acknowledge that, if my application is successful, any false or misleading statement in this application could constitute grounds for subsequent dismissal.

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#  (Signature of applicant) (Date of application)