



CONFIDENTIAL

Casual Support Worker Application Form

Office Locations

Head Office
28 Lower Portrush Rd
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Ph 8355 3500
Fax 8355 3511

South East
Shop 6, Ripley Arcade,
MOUNT GAMBIER
SA 5290
Ph 8723 3788
Fax 8723 1660

Riverland
7 Riverview Drive
PO Box 210
BERRI SA 5343
Ph 8582 4654
Fax 8582 4491

Mid North
4 Swan Street
PO Box 1639
PORT PIRIE SA 5540
Ph 8632 2122
Fax 8632 2122

Eyre Peninsula
6 Bligh Street
PO Box 623
PORT LINCOLN
SA 5606
Ph 8683 3188
Fax 8682 1267

Yorke Peninsula
31 Hallett St
PO Box 249
KADINA SA 5554
Ph 0420 924 883

All information is collected in accordance with National Privacy Principles 1.3 and 1.5
PARAQUAD SA (PQSA) / HomeCare+ is committed to ensuring an effective and efficient recruitment process...

Equality of employment opportunity and selection on merit is a guiding principle of PQSA / HomeCare+.

Please write clearly and endeavour to answer all questions, even if answers have been given in an accompanying CV. Should this application be successful, this form will be the basis of a personnel record.

Referral source:

- Radio
Advertisement
Friend

Other: _____

1. PERSONAL DETAILS

Title: Mr / Mrs / Miss / Ms (Please circle)

Family name: _____ Given name: _____

Preferred name: _____

Current residential address (a post office box is not acceptable as a residential address)

Phone Home () _____
Mobile _____

Address for correspondence
(if the same as your residential address, write "AS ABOVE")

Fax () _____

Email _____

Postcode _____

Place of Birth: Town / City, Country: _____

Do you wish to identify yourself as: [] Aboriginal [] Torres Strait Islander

Are you an Australian Citizen? Yes / No If No: Visa Status _____

Work Restrictions: _____ Passport Number: _____

Expiry Date: ____/____/____ (A copy of Passport will be required)

Do you hold a current drivers licence? Yes / No (A copy of current Drivers Licence will be required)

Drivers licence number: _____ State: _____ Class: _____ Expiry Date: ____/____/____

Are you a member of a Job Network? Yes / No If Yes: Name of Job Network: _____

2. EDUCATION AND TRADE QUALIFICATIONS (If resume submitted refer point 3)

Secondary Schooling

School Attended: _____ From _____ to _____

Give details of all post secondary qualifications (*Copies of all support documentation will be required e.g. certificates*)
(List your most recent qualification first)

Institution and City: _____ From _____ to _____

Qualification: _____ Year Completed: _____

Subjects/Modules completed

Institution and City: _____ From _____ to _____

Qualification: _____ Year Completed: _____

Subjects/Modules completed

Are you currently undertaking studies? Yes / No

Institution and City: _____ From _____ to _____

Qualification: _____ Anticipated Completion: _____

Subjects/Modules completed

Would you be willing to undertake a traineeship in Certificate III Home and Community Care? Yes / No

Copies of all support documentation will be required eg. Certificates

3. EMPLOYMENT DETAILS (If resume submitted refer point 4)

Give details of your employment for your last four (4) positions (Please list your most recent experience first)

From _____ to _____	Employer: _____
Position held: _____	Type of business: _____
Employer Address: _____	
Duties: _____	
Reason for leaving: _____	
From _____ to _____	Employer: _____
Position held: _____	Type of business: _____
Employer Address: _____	
Duties: _____	
Reason for leaving: _____	
From _____ to _____	Employer: _____
Position held: _____	Type of business: _____
Employer Address: _____	
Duties: _____	
Reason for leaving: _____	
From _____ to _____	Employer: _____
Position held: _____	Type of business: _____
Employer Address: _____	
Duties: _____	
Reason for leaving: _____	

4. REFERREES Nominate three (3) people other than relatives or personal friends.

1. Name _____	Organisation: _____
Relationship: Manager / Supervisor / Co-worker	Other: _____
Phone: _____	Mobile: _____
2. Name _____	Organisation: _____
Relationship: Manager / Supervisor / Co-worker	Other: _____
Phone: _____	Mobile: _____
3. Name _____	Organisation: _____
Relationship: Manager / Supervisor / Co-worker	Other: _____
Phone: _____	Mobile: _____

5. GENERAL EMPLOYMENT INFORMATION

You will be given the opportunity to discuss information provided before any final decision is made about your selection.

QUERY	YES / NO	DETAIL
Have you filed an application with HomeCare+ or The Paralegic and Quadriplegic Association of SA Inc (PQSA) before?		Date:
Have you ever been employed by HomeCare+ or PQSA?		Date:
Do you have any relatives currently employed with HomeCare+ or PQSA?		
Are you physically and psychologically able to fulfil the duties of a Support Worker as described in the Position Description?		
Do you have any pre-existing illness or injury which may impact on your ability to safely perform the inherent requirements of the position of a Support Worker? The inherent requirements include (but are not limited to) repetitive actions such as bending, stooping, reaching, twisting and physical work such as Manual Handling of clients.		*If you answered yes, please provide details:
Have you ever been discharged from employment?		
Do you speak any other language or have any other skills, which you believe may be useful as a Support Worker? E.g. Sign language.		
Do you have or have you applied for a Child Related Employment Screening through DCSI with at least six (6) months validity? <i>Proof of Child Related Employment Screening is a condition of employment.</i>		
Do you have any objection to a HomeCare+ representative seeking verification and additional information on any matter within this application?		
Is there anything you know or believe may affect your application?		

* **Medical Clearance will be required under these circumstances.**

6. AVAILABILITY- Please tick the times when you are available to work.

Please be specific in indicating below the times when you are available to work

	6am-9am	9am-11am	11am-14pm	14pm-17pm	17pm-21pm	21pm-0000	Overnight 2230-0700
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Please advise of the number of hours per week that you wish to work?

The interview and the selection process

A selection panel will be made up of two (2) HomeCare+ representatives. The selection panel assesses applications against the selection criteria. Applicants who best meet the selection criteria will be called for further assessment. The selection panel may use a number of methods to assess your ability to do the job including interview questions, work samples, tests and referee checks.

Referee check

A HR representative will phone your referees if you are one of the best applicants interviewed for the job. Your nominated referees should be able to comment on your recent work performance. The HR representative will ask your referees to comment on your work behaviour and performance and can be asked to verify or comment on claims made by you.

Child Related Employment Screening

HomeCare+ requires that a Child Related Employment Screening be supplied by all applicants with at least six (6) months validity. A Child Related Employment Screening can be obtained by applying through the Department of Communities and Social Inclusion. All employees of HomeCare+ must renew their Employment Screening every three (3) years.

APPLICANTS DECLARATION

Please read the following statements carefully; they constitute the conditions under which you may be employed:

I _____ certify that:

1. The information I have provided on this application is accurate to the best of my knowledge and is subject to validation.
2. I have no physical, psychological or other impediment that may affect my ability to carry out the role of Support Worker.
3. I authorise any person who can verify and/or supply additional information to support my application to do so. This may include reference checks and referee reports.
4. I understand and agree that:
 - a) Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination of employment.
 - b) A DCSI Child Related Employment Screening Check (at my own expense) is a required part of the employment process.
5. I understand that all information concerning PQSA, its members, clients and employees is strictly confidential and any unauthorised disclosure of such information will be regarded as a breach of confidentiality and may result in termination of employment.

Applicants Signature: _____

Date: ____/____/____

Witness Name: _____ Signature: _____

Date: ____/____/____