

New Applicant Checklist / Employment Application

Surname: _____ First Names: _____

Address: _____

Contact Phone Numbers: _____

Own Transport? Yes No Describe: _____

How many hours a week are you available _____

What times and days are you available?

Mon	Tues	Weds	Thurs	Fri	Sat	Sun

Which setting do you want to work in?

Community Resthome Hospital

Do you have any experience? Yes No

Personal Cares

Home Management

Referee's (Preferably two work related and one personal)

Name: _____ Work No: _____ Home No: _____

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Have you ever been convicted of a criminal offence (please include any driving convictions e.g speeding tickets, drink driving, dangerous driving ?) Yes No

Are you currently awaiting an investigation or pending court hearing in respect of a criminal offence? Yes No

If you have answered yes to either of the above, please state offence

(Failure to disclose full criminal history will result in police prosecution)

Lavender Blue Nursing and Home Care Agency Limited

Have you ever undergone treatment for a back injury? Yes No

Do you have any medical condition that could affect your ability to do this type of work? Yes No

If yes, please briefly describe the condition

Declaration:

1. I declare that all the information I have supplied on this form to Lavender Blue is true and accurate. I further authorise any person or company to provide Lavender Blue with such information as may be required in response to Lavender Blue's enquiries.
2. I understand that failure to provide/disclose true and accurate information to Lavender Blue will result in Lavender Blue instigating immediate disciplinary proceedings.
3. Should my application for employment be successful, I agree to attend a minimum of six [6] staff meetings per year in accordance with Lavender Blue's In-service Education and Staff Communication requirements and procedures.
4. I accept that, should I receive an offer of work from Lavender Blue, all my dealings with Lavender Blue and Lavender Blue clients shall remain confidential as per Clauses 7.1 and 7.2 of the Lavender Blue Employment agreement.

Applicant Signature: _____

Date: _____

OFFICE USE ONLY

Will Employment be offered pending a Referee check and Police check Yes No

- Consent to Disclose form filled in
- Referee's contacted
- Employment Pack sent
- Clinical Trainer Form (part 1) filled in
- ACC Claim History received
- All Information given to Workplace Verifier for Orientation purposes

PAY OFFICE INFORMATION

HM Rate: _____ Pay Code: _____

PC Rate: _____ Pay Code: _____

Hosp Rate: _____ Pay Code: _____

APPOINTMENT INFORMATION

Day: _____ **Date:** _____ / _____ / _____ **Time:** _____

Arranged by: _____ **Signed:** _____