

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 – you must supply a landline number)

Name: _____ Work No: _____ Home No: _____

Name: _____ Work No: _____ Home No: _____

Name: _____ Work No: _____ Home No: _____

Former Employment Information (Please fill in your last 3 previous employers)

Company Name: _____ Contact Name: _____ Contact No: _____

Position Held: _____ Reason for Leaving: _____

Company Name: _____ Contact Name: _____ Contact No: _____

Position Held: _____ Reason for Leaving: _____

Lavender Blue Nursing and Home Care Agency Limited

Company Name: _____ Contact Name: _____ Contact No: _____

Position Held: _____ Reason for Leaving: _____

Do you give permission for Lavender Blue to contact these former employers? Yes No

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)

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

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

Have you ever been involved in any disciplinary action with any employer Yes No

If yes, please briefly describe the details of the action

Do you have any medical condition? (includes any mental health issues) 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 which may impact on their decision to employ me, 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: _____
