

Employment Application

Type of work applying for: <i>(tick one or both)</i>	Permanent Role <input type="checkbox"/>	Temporary Work <input type="checkbox"/>
Have you registered with McCormack Employment Services before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION 1: Personal Details

Surname:		Mobile:	
Given Name:		Email:	
Australian Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>	If NO: Visa Class: Visa Expiry:		

Are you of Aboriginal or Torres Strait islander origin? No Aboriginal Torres Strait Islander
(Persons of both Aboriginal and Torres Strait islander origin should mark BOTH boxes)

SECTION 2: Education (commencing with highest Year completed in secondary schooling)

Qualification Gained	Institution Attended	Years Attended	Date Awarded

SECTION 3: Employment Checking

Working with Children – As McCormack Employment Services provides temporary staffing services to a number of organisations within the Education Sector it is a requirement that all candidates answer the following;

1. Have you ever been convicted of an offence that would bar you from child related work? Yes No

If yes, please give brief description.

2. Have you ever been accused of physically, sexually or emotionally abusing a child or a young person? Yes No

If yes, please give a brief description.

3. A number of our Client organisations require a Working with Children Check Clearance. If you do not possess this would you be prepared to undertake it at a cost of \$80 which covers you for 5 years? Yes No

If you have already started the application process please provide the following information;

RMS Application Number: _____ Date of application: _____

If you possess a current clearance and are seeking temporary employment opportunities please provide us with the following details enabling us to carry out the compulsory online verification process;

WWC number: _____ Date of birth: _____

For further details: www.newcheck.kids.nsw.gov.au

Previous Employment Conduct;

4. Have you ever been charged with or convicted of a criminal offence? If yes, please provide details. Yes No

5. Have you ever been dismissed or asked to resign from a job? If yes, please give a brief description. Yes No

Workers Compensation & General Health;

6. Do you have any health issues including illness, injury, chronic condition, psychological/emotional diagnosis that may affect your capacity to work? If yes, please provide details. Yes No

7. Have you ever been a recipient of workers compensation payments or benefits (wages, medical expenses or injury lump sum compensation)? If yes, please provide details including whether a clearance letter is available. Yes No

8. Have you ever been rejected or deferred as medically unfit for employment or medically retired from employment? If yes, please provide details, including dates. Yes No

SECTION 4: Authority to Conduct Reference Checks

Please complete the following information as an essential part of the registration process in securing employment through McCormack Employment Services. Candidates registering for specific permanent employment opportunities will have their referees contacted only when both parties (Candidate & Recruiter) have arrived at the mutual decision that moving forward is appropriate. All Candidates registering for temporary employment will be reference checked immediately upon completion of the registration meeting and prior to any offers of temporary employment.

If you have your referee contact details listed on your resume (including all details as listed in table) you need not complete the following however you must complete the declaration below.

Referee (please nominate a manager from your most recent employment situation):	
Name:	Position:
Organisation: <i>(If they have since left still record the organisation where you reported to this person)</i>	*Email:
Business Phone:	Mobile:

**Email addresses must be for a business domain rather than a personal address as they cannot be used due to lack of verification. Mobiles can be used to contact referees however some form of verification will be required prior so please ensure that you have this available*

Second referee (next previous employer):	
Name:	Position:
Organisation: <i>(If they have since left still record the organisation where you reported to this person)</i>	Email:
Business Phone:	Mobile:

Third referee (can be a character reference or your Minister, Priest or other significant person):	
Name:	Position:
Organisation:	Email:
Phone:	Mobile:

I hereby state that I have provided the above information in a correct and honest manner and do understand that returning this document to McCormack Employment Services provides them with the authority to approach my referees. I also agree that in doing so, I will at no time in the future take any form of legal action against these stated referees, nor against McCormack Employment Services, should I not be happy with the statements made. I do understand that McCormack Employment Services will advise me of any sensitive information that may arise prior to passing it on to a potential employer.

Candidate's Signature: _____ **Date:** _____

SECTION 6: Declaration

I certify that the information provided in this application form is complete and correct in every detail, and I understand that deliberate inaccuracies or omissions may result in non-acceptance of my application and/or termination of employment.

Candidate's Signature: _____ **Date:** _____

I am aware that I may be required to undergo a medical examination by a practitioner nominated by a potential employer introduced by McCormack Employment Services prior to being offered employment. If this is requested and it is determined that I do not meet the requirements of the position on medical grounds, I understand that the offer may not proceed.

Candidate's Signature: _____ **Date:** _____

I have read & understand the following Policy documents and Statement;

- | | |
|---|------------------------------|
| 1. Privacy Policy | Yes <input type="checkbox"/> |
| 2. Workplace Health & Safety Policy | Yes <input type="checkbox"/> |
| 3. Fair Work Information Statement | Yes <input type="checkbox"/> |

Candidate's Signature: _____ **Date:** _____

Complete this Application Form online; either print, sign and scan then email back to us prior to your registration appointment, or just bring it along with you having filled it out.

