

North West Residential Support Services Inc.  
Recruitment  
**APPLICATION**  
**EMPLOYEES    VOLUNTEERS    STUDENTS**

Number: <2>  
Effective From: <September> <2017>  
Replaces: <1>  
Review: NWRSS Board  
Contact: Neal Rodwell, General Manager  
Review Date: <January> <2018>

**PERSONAL DETAILS**

Surname:
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Christian Names:
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Address:
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Phone Numbers:
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Email Address:
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Next of Kin:	Phone:
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**A current drivers licence** is a compulsory requirement to work for NWRSS.  
Please provide a photocopy of your license.

**A National Police Check** is a compulsory requirement to work for NWRSS.

**A Working with Vulnerable Person's Check** is a compulsory requirement to work for NWRSS.

If you receive an interview you will need to provide copies of your checks or proof that you have applied for them.

**QUALIFICATIONS:** Proof of qualifications will need to be provided if you receive an interview. If there is not enough space please attach details.

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EXPERIENCE: Proof of experience will need to be checked through referees. If there is not enough space please attach details.

EMPLOYMENT HISTORY: Please list your last two employers.

Employers name:.....

Period of employment:.....

Position:.....

Reason for leaving:.....

Employers name:.....

Period of employment:.....

Position:.....

Reason for leaving:.....

REFEREES: Please list at least two referees that can vouch for your employability in this area. If they cannot be contacted the application will not proceed.

Name:.....

Relationship to you:.....

Phone numbers:.....

Name:.....

Relationship to you:.....

Phone numbers:.....

WORKERS COMPENSATION HISTORY:

Date of injury/disease:.....

Nature of injury/disease:.....

Name of employer:.....

Period off work:.....

Did you receive a lump sum payment?.....

Date of injury/disease:.....

Nature of injury/disease:.....

Name of employer:.....

Period off work:.....

Did you receive a lump sum payment?.....

Do you have any unsettled workers compensation claims? If so, please give details:

Date of injury/disease:.....

Nature of injury/disease:.....

Name of employer:.....

**RULES OF EMPLOYMENT:**

As a prospective employee/volunteer/student I agree:

1. To notify NWRSS of:
  - a. Any change of address or contact details
  - b. Any change in status to my Driver's Licence, Police Check or Working with Vulnerable Person's Check
2. That working safely is a condition of my employment
3. That the first eight weeks of my employment will be probationary
4. That all the answers I have given in this application are true and correct

Is there any other information you would like to add?

Signature:.....

Date: / /

INTERVIEW NOTES (Office use only)

REFEREE #1 (Office use only)

Name:

Contact number:

REFEREE #2 (Office use only)

Name:

Contact number: