

JOB APPLICATION FORM

Position Title:				Closing date:	
Applicant:	Name:				
	Address:				
				Post code:	
	Day time phone:		Mobile:		
	Email address:				
Place of birth:	Town / City:		Date of birth:		
	Country:				
Work eligibility:	Australian citizen		Australian resident		
	New Zealand citizen		New Zealand resident		
	Current working visa: (Copy must be attached)		Expiry date:		
	Other visa: (Copy must be attached)		Expiry date:		
Blue Card:	Do you hold a current Positive Notice Blue Card for Child Related Employment?			YES	<input type="checkbox"/>
				NO	<input type="checkbox"/>
	If yes, provide Blue Card Number:			Expiry date:	
	If no, have you applied for a Blue Card?		YES	<input type="checkbox"/>	Date lodged:
			NO	<input type="checkbox"/>	
Drivers licence:	Do you have a current Queensland driver's licence?			YES	NO
Health conditions	Do you have any pre-existing health conditions that may impact on your ability to undertake this role?			YES	NO
	If yes, please provide additional information:				

Equal employment opportunity / diversity information	Please indicate if you belong to any of the following groups (completion of this section is voluntary and used for statistical purposes only):	People with a disability	
		<input type="checkbox"/>	Aboriginal people
		<input type="checkbox"/>	Torres Strait Islander people
		<input type="checkbox"/>	Women
		<input type="checkbox"/>	LGBTIQ+
		<input type="checkbox"/>	People from a non-English speaking background
Qualifications:	What tertiary qualifications do you hold: (Copies must be attached)		
Start date:	If the position was offered to you, when are you available to start work?		
<p>Authorisation and Understanding</p> <p>I authorise DBCYP and its agents to investigate my work history and verify all information given on this application. These enquiries may include information as to my character, general reputation and personal characteristics. I consent to the conduct of such enquiries and to the consideration of any statements or references provided by former employers in response to these enquiries.</p> <p>I authorise all individuals and employers whom I have named in my application, unless specifically limited by me in writing, to provide information requested about me, and I release them and DBCYP and its agents from liability and damages in providing this information.</p> <p>I understand and acknowledge that any misrepresentation, omission or incorrect statement of fact may result in rejection of my application or, if hired, immediate termination of employment.</p> <p>I understand that all information provided to DBCYP and its agents in relation to my application will be treated in the strictest confidence and will not be communicated to any third party without my consent.</p>			
Signature:		Date:	