

## **EMPLOYMENT APPLICATION FORM**

#### **EMPLOYMENT DETAILS**

Type of employment: $\Box$ Full Time $\Box$ F	Part Tim	ie □Casual □Graduate				
Location: The Bays Hospital Mornington	Location: ☐The Bays Hospital Mornington ☐ The Bays Dialysis Hastings					
Area: ☐ Nursing ☐ Administration ☐ Hospitality ☐ Professional Services ☐ Allied Health						
Nursing Area(s): $\square$ Medical/Surgical $\square$ HDU $\square$ Theatre $\square$ Maternity $\square$ Dialysis $\square$ Day Infusion						
How did you hear about this position? ☐ Social Media ☐ SEEK ☐ The Bays Career Page ☐ LinkedIn ☐ Job Alert Email ☐ other (please specify):						
Were you referred by a current employee? $\square$ No $\square$ Yes If yes, who?						
Have you ever been employed by The Bays Healthcare Group Inc.? ☐Yes (provide details) ☐ No Details:						
Do any Family members work at The Bays Healthcare Group?   Yes (provide details)   No Details:						
PERSONAL DETAILS						
Surname:Given Names:						
Address:						
Suburb: Post Code:						
Home Ph: Mobile:						
Email:						
Are you an Australian Citizen or Australian Permanent Resident? $\square$ Yes $\square$ No						
Do you hold a visa to work in Australia? ☐ Yes ☐ No						
Please indicate which type of Visa: Expiry date of Visa:						
QUALIFICATIONS						
Qualification		Name of Course				
Undergraduate Course						
Undergraduate Course  Post Graduate Course						
-						

### **ALLOWANCES**

Qualification allowances are payable as per our Enterprise Agreements. If you believe you are entitled to an allowance please provide an original copy of your certificate to HR via email <a href="hr@thebays.com.au">hr@thebays.com.au</a> for verification upon commencement. If entitled, the allowance will be paid from the date of verification.

om the date of verification.	
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	Revised: Aug 2024



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## **REQUIRED DOCUMENTS**

The Bays Healthcare Group Inc. (Employee) and proof of mandare employment.	•	•	_				
Do you have the following check	ks Available?						
Current National Police Check	□ Yes □ No	Vaccination Rec	ord □ Yes □ No				
Current Working with Children	Check (Employee r	not Volunteer) $\Box$	Yes □ No				
Please do not supply the above	checks until reques	ted to do so.					
Please be aware if you are employed by The Bays, a condition of <u>ongoing employment</u> will require you to uphold and provide evidence of mandatory vaccinations (or an exemption), certain registrations and other checks which are determined necessary for your role.							
The Bays is committed to providing a safe environment for all children and vulnerable individuals in our care and as a condition of ongoing employment <u>all staff are required to uphold</u> and provide evidence of a <b>current and satisfactory Working with Children Check (Employee).</b>							
MEDICAL							
Do you have any past or current applied for, or which may be agg		•	•				
☐ Yes ☐No							
☐ Muscular Skeletal ☐ Back ☐							
If yes, please describe in detail:							
<b>DECLARATION:</b> I declare that the information that that any information disclosed and	•		· · · · · · · · · · · · · · · · · · ·				
Pursuant to S.82(7) and (8) of the A any pre-existing injury or disease texpected to foresee could be affected.	that you have suffer	ed of which you are	e aware and could reasonably be				
We advise that a failure to make disentitle you to compensation pura aggravation, acceleration, exacerbation the course of or due to the na	suant to the Accident ation or deterioratio	Compensation Act nof your pre-existing	should you suffer any recurrence,				
Indeed, The Bays will rely upon an Compensation Act as grounds for d			-				
Signed:	Print Name:		Date:				



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### **DECLARATION**

I understand that a probationary period, which will be outlined in my letter of offer, should an offer be made, will apply and that either party may terminate employment without notice during the probationary period.

I hereby affirm that all of the information given by me in this application for employment is true and correct

and that I have not knowingly withheld any circumstances or facts that would, if disclosed, affect my application. I understand that if I am considered for employment, the information provided in this application and my employment and personal history may be subject to investigation by The Bays Hospital Group Inc and I hereby authorise such investigations to be made. If employed I understand that I shall be subject to the companies policies and procedures.
I understand that deliberate inaccuracies or omissions may result in non acceptance of this application and/or disciplinary action which may lead to the termination of employment.
Signature: Date: