



Thank you for considering applying for a position
at Calvary Health Care Tasmania

Preparing your application

It is important to be clear as to the position you are applying for, if you have any queries as to any aspect of the position, please call the Executive Office. We will either answer your query or give you the name and contact number of someone who can provide you with more information.

If you are not responding to an advertised position but rather expressing interest in employment with Calvary Health Care Tasmania we welcome your application as well. Applications of this type are reviewed and entered on our application register for a period of three months. If a suitable position arises within this period, consideration will be given to your application. Please note after the three month period, unless we hear that you are still interested in employment we will delete your details from our register.

Application Form

The information you provide on the application form is collected for the purpose of assessing your suitability for employment with Calvary Health Care Tasmania. If you are successful with your application, this form will be retained on your personal file. If unsuccessful all documentation will be destroyed after three months.

In order for us to consider fully your application you should provide complete information in answer to each question unless otherwise advised, regardless of whether you consider it relevant to the position applied for.

Covering Letter and Curriculum Vitae

Include a short covering letter in support of your application or expression of interest for employment.

If possible attach a current Curriculum Vitae or Resume to the completed Application Form. Copies of relevant courses or academic qualifications may be attached, please note that these should be copies only.

Referees

Please provide details of referees who can comment on your recent work experience and your capacity to perform in the position applied for. If possible, at least one of your referees should be a recent supervisor.

It is important to ask your referees first if they would be prepared to supply a reference for you. You may like to also inform them of the position you are applying for.

What is the selection process?

All appointments are based on merit, which is a person's knowledge, skill, qualifications, experience and future potential.

Suitability for employment is further examined against the relevant position description. Each position description defines the knowledge and experience requirements and the key results areas. If responding to an advertised position, please address the key result areas as they form the criteria for selection.

Interview

If you are selected for interview you will be advised of the date, time and venue of the interview.

Interviews are based on the selection criteria and key result areas of the position. We suggest that the applicant considers what skills and experience they would bring to the position and the organisation and their desired career path.

Checklist

- ✓ Completed Application form
- ✓ Current Curriculum Vitae
- ✓ Covering letter
- ✓ Details of two referees
- ✓ Copies of relevant courses or academic qualifications

Please return your application to:

Executive Assistant
Calvary Health Care Tasmania
GPO Box 1523
HOBART TAS 7001
Telephone: (03) 6278 5333
Email: exec@calvarytas.com.au
Website: www.calvarytas.com.au

We look forward to receiving your application



APPLICATION FOR EMPLOYMENT

Must be completed by the applicant
Please print

The information you provide in this application form is collected for the purpose of assessing your suitability for employment at Calvary Health Care Tasmania. If you are successful with your application, this form will be retained on your personnel file. If unsuccessful it, along with your other application papers, will be destroyed after six months. You have the right to access personal information and to seek any correction you think necessary to ensure accuracy.

NB In order for us to consider fully your application you should provide complete information in answer to each question unless otherwise advised, regardless of whether you consider it relevant to the position applied for.

1. Position Applied For

2. Personal Information

Mr,Dr,Ms,Mrs,Miss
(Please circle)

First Name/s _____

Surname _____

If you are known by any other names
please record

Home Address _____

Post Code _____

Telephone Number/s Home _____

Business _____

Are you a permanent resident of Australia

Yes No

If NO, do you have permission to work in Australia

Yes No

Have you previously worked in this hospital

Yes No

If your application is accepted when could you
commence employment ?

Do you intend to engage in other paid work if
successful with your application?

Yes No

Are you able to work outside normal daytime hours

Yes No

Optional:

Date of Birth _____

3. Education/Training/Qualifications Relevant To This Position

Name of Educational Institution	From	To	Qualifications/Standard of Achievement

Please attach a current Curriculum Vitae to this application form

Skills and Experience

Registration Information

Description	Date of Registration	Reg. No.	Expiry Number

Other certificates held _____

4. Employment History (Start with the most recent position)

Name and Address of Employer	Length of Service		Position Held	Nature of Work
	From	To		

Do you agree to inquiries being made as to the accuracy of information contained in this application form, or any other matter relating to your suitability for employment?

Present Employer Yes No

Past Employer/s Yes No

5. Referees

Please provide the names of at least two persons who will provide a reference as to your recent work experience and skills

Name	Address	Phone No.	Relationship

6. Medical

Do you have an illness or injury which would prevent you from performing the essential requirements of the position for which you have applied?

Yes

No

If 'Yes' please specify in more detail

Injury/Illness/Incapacity	Possible/Actual Effects and part of body affected

Declaration by Applicant

I hereby certify that the foregoing particulars and answers are to the best of my knowledge accurate and correct and I am aware that any inaccurate statement made, or information withheld, may result in the termination of my employment.

Signed _____ Date _____