

JOB APPLICATION FORM

This job application form **MUST** be completed when applying for positions with ADA Australia.

HR USE ONLY

Date Received: _____
 Acknowledged: _____
 Internal/External

Part A: Vacancy Details			
Position Title:	Advocate (Aged Care)		
Region Preference (please circle applicable):	Townsville	Closing Date:	9/8/2024

Part B: Applicant Details						
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Dr.	Other:
Preferred Pronouns:	<input type="checkbox"/> They/Them		<input type="checkbox"/> He/Him		<input type="checkbox"/> She/Her	
First Name:						
Surname:						
Address:						
Suburb:		State:		Postcode:		
Mobile Number:			Home Phone Number:			
Work Number:			Email Address:			
Citizenship:						
If you are not an Australian citizen, please provide the following information:						
Type of Visa:			Expiry Date:			
Visa Number:			Work Eligibility:		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Part C: Additional Info			
How did you become aware of this vacancy?			
<input type="checkbox"/> ADA Australia Website	<input type="checkbox"/> QCOSS	<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Local Paper
<input type="checkbox"/> Seek.com	<input type="checkbox"/> Courier Mail	<input type="checkbox"/> My Career.com	<input type="checkbox"/> Agency
<input type="checkbox"/> Career One	<input type="checkbox"/> Other – please specify: _____		

Part D: Equity & Diversity (optional)	The data gathered here is for statistical purposes only & will not influence the selection process.		
Please tick if you wish to identify with any of the following groups?	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Person with a Disability	<input type="checkbox"/> LGBTIQ+
	<input type="checkbox"/> Torres Strait Islander		
	<input type="checkbox"/> Australian South Sea Islander		
	<input type="checkbox"/> Culturally/Linguistically Diverse	<input type="checkbox"/> Care Leavers	

Part E: Referee Details	
Name:	
Company:	
Contact details:	
Relationship to you (e.g. Supervisor, Manager)	
Permission to Contact:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name:	
Company:	
Contact details:	
Relationship to you (e.g. Supervisor, Manager)	
Permission to Contact:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name:	
Company:	
Contact details:	
Relationship to you (e.g. Supervisor, Manager)	
Permission to Contact:	YES <input type="checkbox"/> NO <input type="checkbox"/>

Part F: Applicant Declaration	
<input type="checkbox"/> I certify that the information I have provided is true and correct.	
Name:	
Signature:	
Date:	