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## EMPLOYMENT APPLICATION FORM

Please complete and return via email to: [pnr@eirinhealth.com.au](mailto:pnr@eirinhealth.com.au) Subject: Employment Application

Or print and mail to: Human Resources  
PNR Home Nursing & Healthcare Services  
PO Box 1600  
Wodonga VIC 3690

### Personal Details:

Salutation: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_ PostCode \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ELIGIBILITY FOR EMPLOYMENT (Please tick)

- I am an Australian Citizen
- I am not an Australian Citizen. I have provided or will provide evidence of my right to work in Australia & declare that I am entitled to do so

Have you lived or worked in a country outside of Australia for longer than 12 months as an adult? Yes  No

Have you ever been convicted of a criminal offence within Australia? Yes  No

Applicants should note that employment screening will be conducted & a clean National Police Check is required prior to commencing work.

Have you ever been convicted of a criminal offence outside of Australia? Yes  No

Applicants who have lived or worked in a country outside of Australia should note that their employment application will be subject to PNR's policy on 'hiring staff that have lived or worked in a country outside of Australia'.

### PNR Staff are obliged to:

- \* Advise their manager if they have been charged with a criminal offence which is punishable by imprisonment or, if found guilty, could reasonably affect their ability to meet the inherent requirements of their job.
- \* Disclose any formal disciplinary action taken against them by current or former employer (Many staff have multiple employers). This includes any finding of improper or unprofessional conduct by any Court or Tribunal and any investigations that the staff member has been subject of by an employer, law enforcement agency or any integrity body or similar in Australia or in another country.
- \* Report any new criminal charges and/or disciplinary actions during their employment/engagement

Do you have a current driver's licence? Yes  No

Licence No: \_\_\_\_\_ Expiry Date \_\_\_\_\_

Do you have the use of a reliable, registered vehicle Yes  No

Type of Car Insurance 3rd Party  or Comprehensive

(a copy of your comprehensive car insurance is required and must clearly state your name as a registered driver on the document)

Are you a person from a non-English speaking background? Please specify any languages(s) you speak other than English:

If selected for an interview or subsequent employment with PNR, please specify any assistance needed (ie interpreter, wheelchair access):

**Workplace Diversity**

Are you of Aboriginal or Torres Strait Islander Origin? Yes  No

Are you a person with disabilities? Yes  No

**Education Qualifications**

Please provide all educational and/or professional qualification documentation. Your application will require documentation to support your information below and if no documentation can be supplied, the application will not be able to proceed.

<i><b>Institution</b></i>	<i><b>Qualification</b></i>	<i><b>Date Completed</b></i>

**Additional Skills/Qualifications:**

**Your previous employment** List your last three employers, the positions you held & periods of employment.

Employer 1: \_\_\_\_\_

Employer 2: \_\_\_\_\_

Employer 3: \_\_\_\_\_

**Your previous work experience in the home care & personal care field**

*Please tick client groups with which you have previously worked.*

- Older people  Children with physical disabilities  Adults with physical disabilities
- People with a dementia  Children with intellectual disabilities  Adults with intellectual disabilities
- Preparing Meals  Children with special needs  Persons with a psychiatric disability

**Other experience, skills or interests – please provide details that may be relevant to this position.**

**What type of support work are you seeking?**

Personal Care  Home Care  Combination of Both Tasks

How many hours are you interested in working each day? \_\_\_\_\_ (based on casual employment)

Are you happy to work short service times such as 1- 2 hours Yes  No

Following is a generalist of duties/tasks that you may be expected to perform in your role, please indicated your ability and willingness to perform each task.

**Personal Care:**

**Homecare:**

Bathing (shower)	Yes, will do	No, will not do	Meal Preparation	Yes, will do	No, will not do
Bathing (bath)	Yes, will do	No, will not do	Meal Cooking	Yes, will do	No, will not do
Bathing (bed or sponge bath)	Yes, will do	No, will not do	Meal Assistance	Yes, will do	No, will not do
Shaving	Yes, will do	No, will not do	Light Cleaning	Yes, will do	No, will not do
Grooming	Yes, will do	No, will not do	Dishes	Yes, will do	No, will not do
Dressing	Yes, will do	No, will not do	Vacuuuming	Yes, will do	No, will not do
Toileting	Yes, will do	No, will not do	Sweeping	Yes, will do	No, will not do
Condom Drainage	Yes, will do	No, will not do	Wipe Down	Yes, will do	No, will not do
Catheter Care	Yes, will do	No, will not do	Bathroom	Yes, will do	No, will not do
Hydrotherapy	Yes, will do	No, will not do	Bed Making	Yes, will do	No, will not do
Exercise including Gym	Yes, will do	No, will not do	Laundry washing	Yes, will do	No, will not do
Bowel Care	Yes, will do	No, will not do	Laundry folding	Yes, will do	No, will not do
Hoist transfer/Lift	Yes, will do	No, will not do	Ironing	Yes, will do	No, will not do
Assist with communication aids	Yes, will do	No, will not do			
Banking/paying bills	Yes, will do	No, will not do			
Shopping	Yes, will do	No, will not do			
Correspondence	Yes, will do	No, will not do			
Socialising	Yes, will do	No, will not do			
Recreational (ie: going to movies)	Yes, will do	No, will not do			

**Availability**

Please indicate time slots available

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Early AM (06:00 to 09:00)</b>							
<b>Mornings (09:00 to 12:00)</b>							
<b>Afternoon (12:00 to 18:00)</b>							
<b>Evenings (18:00 to 22:00)</b>							
<b>Late Night/Overnight (22:00 to 06:00)</b>							

## Health Status

Immunisations: Is your adult immunisation up to date, inclusive of..... (please tick)

Tetanus  Date \_\_\_\_\_ Hep A  Date \_\_\_\_\_ Coronavirus First Dose  Date \_\_\_\_\_

Flu Shot  Date \_\_\_\_\_ Hep B  Date \_\_\_\_\_ Coronavirus Second Dose  Date \_\_\_\_\_

## Occupational Health and Safety

Please answer the following questions honestly to inform PNR of any health related limitations or workplace enhancements that may be needed to assist you in safely performing your work duties. We will not place you in any work environment that may endanger your health and safety. All information disclosed will be treated in accordance with Privacy Laws and related Legislation.

Please select YES or NO to indicate that you can safely undertake the following activities without risk or injury or aggravation to previous injury and without risk to your health.

Repeated arm/shoulder motion	YES	NO	Stretching/Reaching	YES	NO
Bending/kneeling	YES	NO	Lifting/Moving/Carrying/Pushing	YES	NO
Repeated hand/wrist motion	YES	NO	Lifting/Moving/Carrying/Pushing more than 2kgs	YES	NO
Walking more than 15 minutes	YES	NO	Lifting/Moving/Carrying/Pushing more than 5kgs	YES	NO
Sitting more than 15 minutes	YES	NO	Lifting/Moving/Carrying/Pushing more than 10kg	YES	NO

If you checked NO for any activity please answer the following questions:

1a. Detail what you can and cannot do safely. (ie: What weight can you lift safely?)

1b. What workplace modifications would enable you to perform these activities?

Do you have any other work-related health limitations or task/activities that you cannot perform for health reasons?

Yes  No

If YES, please detail what you can and cannot safely do

Have you ever had an injury or serious illness that prevented you from working usual duties for more than three (3) days?

Yes  No

If YES, which part of the body did it affect?

Could this injury be affected by a work related task/activity?

Yes  No

If yes which task/activity's would it affect

## Pre-existing injuries or diseases

PNR Home Nursing & Health Care Services make every effort to match the worker with the appropriate clients. It is your responsibility to disclose information about any pre-existing injuries or disease, eg. back problems, that could reasonably be affected by the nature of the work. Please tick the relevant boxes below:

I have read the position description & understand the nature of the work.

I declare that I am not aware of any pre-existing injury or disease that may be affected by the work

I declare that I have a pre-existing injury or disease. Please specify: \_\_\_\_\_

(Note: under section 82 (7 & 8) of the Accident Compensation Act 1985 failure to disclose information regarding pre existing injuries or diseases may result in the worker not being entitled to WorkCover compensation for that particular injury or disease in the event of recurrence, aggravation, accelerations, exacerbation or deterioration of the condition)

**Referees:**

Please provide the names, addresses & telephone number of two or three referees. References should be able to provide information about your work performance. Please **do not** provide a reference who is a friend as they may not be able to provide appropriate feedback on your work performance. Can you please let the referee know that PNR will be contacting them as part of your application.

	Name	Relationship	Address	Business Phone No.	Alternate Contact No.
Referee 1					
Referee 2					
Referee 3					

**Applicant's declaration:**

I declare that the information I have provided is true and correct & that if I am employed I will follow all company policies & procedures. I agree to you contacting my referees, listed above. I understand that any false or misleading information given in this application, whether in writing or during an interview, may be reason for my employment, if I am appointed, to be terminated.

**I understand and agree that prior to employment I am required to get the following clearance supply the following documentation before any work commences:**

- \* **NDIS Worker Screening Check**
- \* **Statutory Declaration**
- \* **Current First Aid Certificate.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**In case of an emergency please provide two (2) contact details:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Please provide contact details of Next of Kin:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**For statistical purposes, please indicate how you found out about this position:**

Advertisement (please specify) \_\_\_\_\_

Word of Mouth (please specify) \_\_\_\_\_

Employment Agency (please specify) \_\_\_\_\_

Tertiary Education Institution (please specify) \_\_\_\_\_

PNR Staff Member (please specify) \_\_\_\_\_

Other (please specify) \_\_\_\_\_