

CONFIDENTIAL EMPLOYMENT APPLICATION FORM

Clinipath Pathology is an equal opportunity employer.

Position applied for: _____ Department: _____

PERSONAL DETAILS

Title: Dr / Mr / Mrs / Ms / Miss

First Name: Family Name:

Home Address: Post Code:

Telephone: Email:

Right to Work in Australia Status: Australian Citizen/Resident
 Visa. Insert details:

Have you previously been employed at a Sonic Healthcare entity? Yes No

Are any of your family member's or relatives current Clinipath Pathology employees? Yes No

Do you know anyone who works at Clinipath Pathology? Yes No

If yes, please provide their name _____

EDUCATION

Highest Level of Education Attained:..... Institution: Year:.....

OTHER QUALIFICATIONS / COURSES / CERTIFICATES

Certificate III Pathology Collection

Certificate IV Pathology Collection

AS4308

Additional qualifications relevant to the position:
.....

WORK EXPERIENCE

Number of year's work experience in Pathology as a Phlebotomist: _____

SALARY EXPECTATIONS:

Please provide your salary expectations per hour: \$ _____ per hour

OTHER DOCUMENTATION:

Do you have a current police clearance certificate Yes No

Do you have the use of a car for work purposes Yes No

Do you have a current unrestricted drivers licence Yes No

AVAILABILITY:

Are you seeking:

- Casual Employment
- Part Time employment
- Full Time employment

Are you available to work:

- Night shift: Yes No
- Weekends: Yes No
- Public Holidays: Yes No

Please tick the days of the week and list the hours that you are available to work on each of these days:

- Monday - Hours available: _____ Tuesday - Hours available: _____
- Wednesday - Hours available: _____ Thursday - Hours available: _____
- Friday Hours available: _____ Saturday - Hours available: _____

Maximum hours available per week: _____ Minimum hours available per week: _____

Suburb in which you currently live: _____

Distance from home you're prepared to travel to work: _____

HEALTH (Physical and Mental Health):

Please provide details of any previous or current medical condition, medication or restriction, physical or otherwise, which may affect your ability to perform the job. Please also include any medical condition or restriction arising from a previous workers' compensation claim.

Details: (please insert "None" if you have no medical conditions that may affect your ability to perform the role)

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Disclosure of a medical condition or restriction does not necessarily exclude an applicant from employment. Failure to provide such information may jeopardise your rights to workers' compensation if a pre-existing disability is aggravated at work (Section 79 of the Workers' Compensation and Injury Management Act 1981).

REFEREES:

1. Name: Title:
Company: Contact number:
Relationship with referee (e.g. Former Manager):

2. Name: Title:
Company: Contact number:
Relationship with referee (e.g. Former Manager):

3. Name: Title:
Company: Contact number:
Relationship with referee (e.g. Former Manager):

Do we have your permission to contact these referees? Yes No

Declaration by Applicant:

1. I understand that any misrepresentation of facts in this application could be cause for termination if employed.
2. I understand that part of the application procedure may involve a criminal record check, drug & alcohol testing, Visa Entitlement Verification Online check and driver's licence status/records check.
3. I consent to the above checks/tests and to any reference checks which may be necessary to support this application.

I hereby declare that the information contained in this application is to the best of my knowledge true and correct.

Applicant's Signature: _____ Date: _____

Thank you for your application.

Privacy: *Your application will be dealt with in accordance with our Privacy Policy, which can be accessed at www.clinipathpathology.com.au. If you are unsuccessful, your application form will be kept for 6 months before being destroyed.*
