Application Form

POSITION DETAILS

Position Title: ……..…….

Source of Advertisement (e.g. newspaper, Internet, staff vacancy notice): ……...……

APPLICANT DETAILS

Title: ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Family Name: ……..…….

Given Names: ……..…….

Postal Address: ……..……

Contact Numbers: ……..…… Home

……..…… Work

……..…… Mobile

……..…… Email

Country of Birth: ……..……

Citizenship (please indicate which category applies to you):

☐ Australian Citizen ☐ Permanent Resident ☐ Temporary Resident

APPLICATION REQUIREMENTS

1. Addressed selection criteria ☐ Yes
2. Nominated 2 referees including their name, address, contact no's ☐ Yes
3. Attached current Résumé ☐ Yes

I consent to Wurli Wurlinjang Health Service seeking verbal or written information on a confidential basis about from previous employers and the referees nominated on my Résumé and authorise the information sought to be released by them to the organisation for the purposes of ascertaining my suitability for the position for which I am applying.

Signed: …….. Name: …… Date: ……

HUMAN RESOURCES OFFICE USE ONLY

Date Application Received: …… Applicant No: ……