

This form will be treated as confidential. Please read the form before completing it.

Position applied for:

If not applying for a specific position, please state the area you wish to work in

Personal Details

Surname: _____ Name: _____

Preferred Given Name: _____ Previous surname: _____

Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

(Note: Any correspondence will be sent to the above address)

Telephone: Home _____ Business _____ Mobile _____

Can we call you on your business number? Yes / No

Email address: _____

Emergency Contact Name and Number: _____

Languages spoken other than English: _____

Employment at RSL LifeCare

Have you applied for any positions here previously? Yes / No

If yes, please give details _____

Have you worked for the Villages previously? Yes / No

If so, please specify position and length of previous employment: _____

Do you have any restrictions on the type or scope of duties you may undertake? Yes / No

Nurse Registration No.: _____

This section to be completed or Resume attached

Education and Professional Information *Details of secondary education and tertiary qualifications*

Dates of Study	Educational Institution	Course	Standard Attained

Employment History

From – To	Employer's Name	Position	Reason for Leaving

References *Please list 3 business references (not relatives)*

Name	Company	Phone Number
1.		
2.		
3.		

Attachments *This information must be submitted before your application can be processed*

One of the following:

- A copy of your birth certificate; *or*
- A copy of your passport; *or*
- Proof of permanent residency; *or*
- Proof of citizenship

A copy of your visa (if applicable)

If employed by the company I agree to abide by the code of conduct, polices and procedures of the company, as amended from time to time.

I understand that completing this application form does not automatically guarantee employment with RSL LifeCare and all employment is subject to a 3 month probationary period.

Signature: _____ **Date:** _____