

Mercy Health Application for Employment



Please attach your Cover Letter, Resume and any other Supportive Documentation to this form.

Position Applied For:

Where did you find out about this vacancy? (Please circle)

Seek mercy.com.au LinkedIn Newspaper Industry Journal Noticeboard MercyNET (internal only)

Employee Referral _____ (name of Employee referring)

Other _____ (please specify)

Title: Mr / Ms / Miss / Mrs / Dr / Prof / Sr

Given Names: _____ **Surname:** _____

Telephone: _____ **Email:** _____

Address: _____

Suburb: _____ **Post Code:** _____

Do you identify as Aboriginal and/or Torres Strait Islander? **If yes please circle:**
Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander

Residency Status: Australian Citizen / Permanent Resident / Temporary Visa
(Please circle) Passport Number: _____

☐ (Please tick) Disclaimer: If short listed, I will provide a copy of my current Passport and I agree to authorise Mercy Health to verify my working rights.

Professional Registration Type (if relevant): _____ **Professional Registration Number (if relevant):** _____

Do you have any restrictions or conditions that are pending or placed on your Professional Registration (if relevant)? **Please circle.** Yes / No If yes, please provide details:

Qualification/Education:

Industry Experience:

Skills you will bring to Mercy Health:

Why are you attracted to this opportunity and what makes you the best person for the role?

Tell us 3 things that are important to you in a workplace:

Do you have any pre-existing injuries and/or diseases which may be affected by the nature of the position for which you are applying? (Review Position Description supplied)

Please circle. Yes / No If yes, please provide details:

Have you made any WorkCover claims? Please circle. Yes / No If yes, please provide details:

Do you have a current Australian car driver's licence? Please circle Yes / No

Are you able to provide a Police Record Check and where relevant a Working With Children Check/Vulnerable People Check? Please circle. Yes / No

Disclaimer: You will be required to provide a Police Record Check and where relevant a Working With Children Check/Vulnerable People Check should your application be successful.

Have you been convicted of a criminal offence within the past 10 years? Please circle. Yes / No
If yes, please provide details:

Do you have any charges pending or findings of guilt (with or without conviction) in relation to sexual, violent or drug related offences? Please circle. Yes / No
If yes, please provide details:

Are any of your immediate or extended family members currently employed by Mercy Health or any related entity? Please circle. Yes / No

Have you ever been employed by Mercy Health or any related entity? Please circle. Yes / No
If yes, please provide details:

Are you engaged in any other forms of employment or business that may have a financial interest in providing goods & services to Mercy Health? Please circle. Yes / No If yes, please provide details:

Note: Mercy Health will not offer a Defined Benefit Scheme to new employees.

Declaration: I certify that all information given as part of my application for the abovementioned position is correct in every detail. I accept that if I have knowingly given false or misleading information, I shall be liable to immediate termination of my application or, if appointed, disciplinary action that may result in dismissal from employment or ineligibility to compensation or to seek damages for any event that aggravates a non-disclosed pre-existing injury or medical condition.

Signature: _____ Date: _____