

# Mercy Health Application for Employment



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

<b>Position Applied For:</b>	
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**Where did you find out about this vacancy?** (Please circle)

Seek    mercy.com.au    The Age    Herald Sun    The Australian    Local Paper    Industry Journal  
Noticeboard    MercyNET (internal applicants only)

Employee Referral \_\_\_\_\_ (name of Employee referring)

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

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**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: \_\_\_\_\_

Disclaimer: If short listed, you will be required to provide a copy of your current Passport in order for Mercy Health to verify your working rights.

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

\_\_\_\_\_

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

\_\_\_\_\_

**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:**

\_\_\_\_\_

\_\_\_\_\_

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**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:

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

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**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:

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**Do you have any convictions, findings of guilt or charges pending in relation to sexual, violent or drug-related offences? Please circle.** Yes / No

If yes, please provide details:

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**Have you ever been employed by Mercy Health or any related entity? Please circle.** Yes/No

If yes, please provide details:

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**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:

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

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**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 given any false information I shall be liable to immediate termination of my application or disciplinary action that may result in dismissal from employment.**

Signature: \_\_\_\_\_

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