



## Employee Application Form

Please return completed application by email to [info@angelhomecare.com.au](mailto:info@angelhomecare.com.au)  
Or by post to PO Box 108, Athelstone SA 5076

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, colour, age, sex, religion, disability, medical condition, national origin, or marital status.

Name		Date
Street Address		
City	State	Postcode
Phone	Email Address	

### Emergency Contact

Name	Phone
Address	Relationship

I am applying for a position as a

Have you ever had any convictions recorded against you?

yes  no

If yes, please provide details

### Transportation:

Many caregiver positions require the caregiver to transport a client.

Do you have dependable transportation?

yes  no

Make and model of car

A Driver's Licence and proof of car insurance will be required at time of hire. Are you able to provide these?

yes  no

**Availability**

Number of hours you would like to work	Times you are available to work	Any times <i>not</i> available to work	Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no
Comments			

**Education**

High school	Level completed
Diplomas/Certificates	Course Provider
Degrees/Other qualifications	University/College
Other special skills or courses	
Do you have a valid First Aid certificate? <input type="checkbox"/> yes <input type="checkbox"/> no	

**Other Languages**

In what other languages, if any, are you proficient to speak, read or write?
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**Experience**

Discuss any training or experience working with the elderly
What would you like most about working with the elderly?
What would you like least about working with the elderly?

**Skills**

Please indicate whether you have assisted with or performed the following tasks for seniors.

Companionship	<input type="checkbox"/> Y <input type="checkbox"/> N	Vacuuming	<input type="checkbox"/> Y <input type="checkbox"/> N	Laundry	<input type="checkbox"/> Y <input type="checkbox"/> N
Bathing/ dressing	<input type="checkbox"/> Y <input type="checkbox"/> N	Dusting	<input type="checkbox"/> Y <input type="checkbox"/> N	Grocery shopping	<input type="checkbox"/> Y <input type="checkbox"/> N
Grooming	<input type="checkbox"/> Y <input type="checkbox"/> N	Clean bathrooms	<input type="checkbox"/> Y <input type="checkbox"/> N	Cooking	<input type="checkbox"/> Y <input type="checkbox"/> N
Incontinence	<input type="checkbox"/> Y <input type="checkbox"/> N	Clean kitchen	<input type="checkbox"/> Y <input type="checkbox"/> N	Driving	<input type="checkbox"/> Y <input type="checkbox"/> N
Transfer assist	<input type="checkbox"/> Y <input type="checkbox"/> N	Bed linen changes	<input type="checkbox"/> Y <input type="checkbox"/> N	Medication reminders	<input type="checkbox"/> Y <input type="checkbox"/> N

**Employment History**

Please go back at least five years and tell us about your work history. Use reverse side of sheet if additional space is required.

Company	From	To
Job title	Reason for leaving	
Duties		
Company	From	To
Job title	Reason for leaving	
Duties		
Company	From	To
Job title	Reason for leaving	
Duties		
Company	From	To
Job title	Reason for leaving	
Duties		

**References**

Name	Company	Position	Contact number
Name	Company	Position	Contact number
Name	Company	Position	Contact number

**CERTIFICATION AND RELEASE:** I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or termination at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment.

Signature	Date
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