



**Maurice Zeffert Home is an Inclusive and Equal Opportunity Employer.**

**Application for Employment**

**Please complete and return this form with any attachments to [recruitment@mzh.org.au](mailto:recruitment@mzh.org.au)**

Position applying for \_\_\_\_\_

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

DOB (optional) \_\_\_\_\_

Are you a permanent resident in Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a working Visa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of Visa:	Expiry Date:	
Do you have current Police Clearance (less than 6 months old) or are you willing to obtain one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Education and Qualifications:**

Year from/to	Name of school or college	Standard attained/ Qualification
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other relevant qualifications, trade skills or certificates (please attach copies):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History:**

(Please start with you present or most recent employment and work backwards)

1. Employment period

Name and address of employer

\_\_\_\_\_ Began

\_\_\_\_\_

\_\_\_\_\_ Ended

\_\_\_\_\_

Reason for leaving

Position held & main duties

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Employment period

Name and address of employer

\_\_\_\_\_ Began

\_\_\_\_\_

\_\_\_\_\_ Ended

\_\_\_\_\_

Reason for leaving

Position held & main duties

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When could you commence employment with us? \_\_\_\_\_

**Additional Information:**

Please add here any additional information relevant to the position eg: membership of any professional bodies, driver's licences, language, first aid, etc:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you prepared and available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning shift							
Afternoon shift							
Night shift							
Public Holidays							

**Referees:**

Please provide the names, addresses and telephone numbers of three persons as work related referees from whom confidential reports may be obtained:

- 1.) \_\_\_\_\_  
\_\_\_\_\_
- 2.) \_\_\_\_\_  
\_\_\_\_\_
- 3.) \_\_\_\_\_  
\_\_\_\_\_

**Health:**

Please provide details of any previous or current medical condition or restriction, physical or otherwise, which may affect your ability to perform the essential requirements of the job.

This must include and medical condition or restriction arising from a previous workers' compensation claim. Failure to provide such information may jeopardize your rights to workers' compensation if a pre-existing disability is aggravated at work (section 79 of the Workers' Compensation and Rehabilitation Act 1981).

**Section 79 of the Workers' Compensation and Injury Management Act (1981) gives a dispute resolution body discretion to refuse to award compensation which would otherwise be payable where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims for disability, willfully and falsely represented himself as not having previously suffered from the disability.**

---

---

---

---

Disclosure of a medical condition or restriction does not necessarily exclude an applicant from employment.

I, \_\_\_\_\_, hereby declare that the particulars on this form are to the best of my knowledge, correct and true.

Maurice Zeffert Home Inc encourages staff to have been vaccinated against certain diseases. Have you previously been vaccinated by any of the following Vaccines? Please tick the appropriate response and if yes, supply date of vaccination.

Vaccination Type	NO	YES	DATE
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	
Influenza*	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis – Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>	
MMR – Measles/Mumps/Rubella	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella – Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	
COVID-19 – Coronavirus#	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Pfizer		<b>Dose 1</b>	
<input type="checkbox"/> Astrazeneca		<b>Dose 2</b>	

*Notes:* \*In Western Australia, it is a compulsory legal requirement that all visitors to aged care facilities have a current influenza vaccination, unless you have a medical exemption and provide evidence of this.

# It is not mandatory to disclose your COVID-19 vaccination to employers.

**Declaration by Applicant:**

1. I understand that any misrepresentation of facts in this application could be cause for termination if employed.
2. I understand that part of the application procedure may involve a medical examination by a medical officer nominated by the Company and I authorise disclosure of the results of this examination to the Company.
3. I consent to any reference checks which may be necessary to support this application.

I, \_\_\_\_\_ hereby declare that the information contained  
Print your name  
in this application is to the best of my knowledge true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Privacy:** Your application form contains personal information, which will be dealt with in accordance with our Privacy Policy. If you are successful in your application your form will be become an employment record. If you are unsuccessful your application form will be destroyed/kept for six months before being destroyed.

Documents Included/Attached

- Personal Resume
- Covering Letter