



**InComPro**

**Cultural Services for Aboriginal People**

INCOMPRO EMPLOYMENT APPLICATION FORM

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**\*\*\*\* Please forward this completed application form, a copy of your current resume and copies of your certificates to: [recruitment@incompro.com.au](mailto:recruitment@incompro.com.au) \*\*\*\***

**An InComPro staff member will be in contact with you to discuss your application.**

The information provided will be utilised solely for the purpose of InComPro's recruitment purposes.

## PERSONAL DETAILS

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Gender: Male / Female

Are you Aboriginal or Torres Strait Islander: Yes / No

Are you an Australian citizen? Yes / No

If you answered No, please provide a copy of your working visa, confirming your right to work in Australia (not all visas allow people to work)

Valid Working Visa Attached

NOTE – InComPro will do a VISA Entitlement Verification Online (VEVO) check to ensure that you are able to work in Australia.

## EMPLOYMENT DOCUMENTATION

Please indicate what certification you have below:

Expiry Dates:

- |  |          |       |
|--|----------|-------|
| • Vulnerable Person DCSI Clearance         | Yes / No | _____ |
| • Disability Service Sector DCSI Clearance | Yes / No | _____ |
| • Child Related DCSI Clearance             | Yes / No | _____ |
| • Senior First Aid Certificate             | Yes / No | _____ |
| • Unrestricted SA Drivers Licence          | Yes / No | _____ |
| • Manual Handling Certificate              | Yes / No | _____ |
| • Child Safe Environments Certificate      | Yes / No | _____ |
| • Certificate III Individual Support       | Yes / No | _____ |
| • Certificate IV Youth Work                | Yes / No | _____ |

NOTE – Applicants must hold or be willing to obtain the above certification for employment with InComPro. Please provide copies of the certifications you indicated above, when submitting this application.

Do you have your own vehicle? Yes / No

If No, how will you travel to / from work? \_\_\_\_\_

## EMPLOYMENT STATUS

- Employed  (Please Circle) Casual / Full Time / Part Time  
Current Employer \_\_\_\_\_ Term of employment: \_\_\_\_ Years \_\_\_\_ Months
- Unemployed  How long have you been unemployed \_\_\_\_\_
- Studying  Qualification Studying: \_\_\_\_\_
- Disability Pension
- Other (Voluntary Work, Carer)  \_\_\_\_\_

## JOB NETWORK DETAILS

If you are registered with a job network provider, please provide details below:

Job Network Provider: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Consultants Name: \_\_\_\_\_ Suburb: \_\_\_\_\_  
Jobseeker ID: \_\_\_\_\_ Payment Type: \_\_\_\_\_

## LITERACY & NUMERACY SKILLS

Tick the boxes that are appropriate to you:

	Requires Improvement	Good	Excellent
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else you can tell us about your learning & development?

\_\_\_\_\_

## EDUCATION, TRAINING & QUALIFICATIONS

Please tick the highest level of education that you have completed & qualification obtained:

- School  \_\_\_\_\_  
TAFE / College  \_\_\_\_\_  
University  \_\_\_\_\_

Please list all education, training and qualifications:

Course Name	Date Completed
_____	_____
_____	_____
_____	_____

## RELEVANT WORK EXPERIENCE

Have you had any previous experience supporting people living with people with disabilities and complex behaviours? (This can be paid work, volunteer work or a caring role).

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Have you had any previous experience working with children or young people?

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Have you had any experience working with Aboriginal people or Aboriginal communities?

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Please list any other personal skills and abilities relevant to the position.

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## AVAILABILITY

Please indicate your availability below.

NOTE – A majority of work available at InComPro is shift work on a 24 hour rotational basis, you may be required to work mornings, afternoons, overnight, weekends and public holidays.

	Morning	Afternoon	Evening	Overnight
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

## OTHER COMMITMENTS

Please list any other commitments you currently have (parenting, sports / community, other employment, etc).

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**PHYSICAL HEALTH & MEDICAL HISTORY**

Do you have any health issues? Yes / No

If yes, please provide a brief outline.

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Do you have a disability Yes / No

If yes, please provide a brief outline:

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Do you have prescribed medications for any of your health issues / illnesses? Yes / No

Are you a smoker? Yes / No

Do you drink alcohol? Yes / No

Do you have previous or existing injuries that may prevent you from fulfilling the duties associated with the job role you are applying for e.g. manual handling, bending, squatting, reaching etc. Yes / No

If yes, please provide a brief outline.

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Staff members are required to have an ability to work under pressure, work with a potentially difficult client base, meet important timelines and routinely engage with clients and other staff whenever necessary. Is there anything in your medical history that would prevent you from meeting this requirement? Yes / No

If yes, please provide a brief outline.

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**AUTHORISATION**

By signing this Employment Application Form, I certify that the information I have provided is true and correct. I authorise InComPro to utilise the information I have provided, for the purposes of InComPro's recruitment and employment process.

NOTE – Failure to disclose all relevant information or deliberately providing misleading or false information, including that related to pre-existing medical or injury related conditions, will result in the withdrawal of any employment offer, or termination of employment should employment have commenced.

Candidates Full Name: \_\_\_\_\_

Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Making It Happen

