



PROVIDING HEALTHCARE PROFESSIONALS
 P O Box 471, West Ryde NSW 1685
 Telephone (02) 8819 6636 Facsimile (02) 9809 7491
 Mobiles 0421 088 351 and 0401 684 667



Application for Employment

PN-

Surname:..... First Names:.....

Address:.....

Suburb:..... Post Code:.....

Date of Birth:..... Primary Contact/Mobile Phone:.....

Home/Secondary Phone:..... Email:.....

Permanent Residency: **YES / NO (circle one)** if NO then Visa Class:.....

Passport Number:.....**Country**..... Visa valid up.....

Employment Classification: **RN / EN / AIN /DSW/CW** Years of Service:.....
 (Circle One)

Registration Number (**RN/EN only**):- ----- Expiry- -----

Medical history (if any):.....

Back injuries (if any):.....

Details of previous Workcover claims:.....

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Please provide details of last two employments

Latest:

Employer's Name :.....

Address:.....

Contact Person:..... Telephone:.....

Position:..... Start and Finish dates:.....

Details of Work:.....

.....

Previous:

Employer's Name :.....

Address:.....

Contact Person:..... Telephone:.....

Position:..... Start and Finish dates:.....

Details of Work:.....

.....

Referees: Please provide name, address and contact details

1)Name:..... Phone:.....

Address.....

2)Name:..... Phone:.....

Address.....

Emergency Contact (Next of kin):

Name:.....

Phone:.....

Hesta Number (if already a member):.....

Are you currently working with other agencies.....Yes / No (circle one)

Own Transport: YES / NO Driver License: YES / NO / Overseas

Anything else you would like us to know:

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.....

Employee's Signature:.....

Date:.....