

EMPLOYMENT EXPRESSION OF INTEREST FORM

Please fill out every applicable section of this form. Mark any non-applicable sections with **N/A**.

Section 1 – Personal Details

First Name:		Middle Name:	
Last Name:		Date of Birth:	
Gender: <i>(Please tick)</i>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Say		
Address:			
Phone: Mobile		Phone: Home	
Email:			

Section 2 – Compliance Documentation

Driver's Licence & Vehicle			
1. Do you have a current WA Driver's License?	Yes	No	
a. If yes: License Number _____	Expiry _____	Class: _____	
2. Do you have a reliable vehicle you can use for work purposes?	Yes	No	
3. Are you willing to use your own car for work purposes if required?	Yes	No	
4. Is your vehicle insured with Comprehensive Car Insurance?	Yes	No	
5. How far are you willing to travel from home for work?	KMs _____	Time (min) _____	

Checks & Clearances

1. Do you have a valid NDIS Worker Screening Check? **Yes** **No**
 - a. If yes: **Worker Screening ID Number** _____ **Expiry** _____
2. Do you have a recent (3 months) Police Clearance? **Yes** **No**
3. Do you have a valid Working with Children Check? **Yes** **No**
4. Do you have up to date COVID-19 Proof of Vaccination? **Yes** **No**
5. If you answered no to any of the above, are you willing to obtain them? **Yes** **No**

Section 3 – Work Experience & Eligibility

Work Rights

1. How many years of experience do you have working within the Disability Services?
0 – 1 year 1 – 2 years 3 – 4 years 5 – 10 years 10+ year
2. Are you an Australian Citizen or Resident? **Yes** **No**
 - a. If no, what is your VISA status? Work VISA Student VISA Other VISA
 - b. VISA expiry _____



Availability

1. What is your current availability? *Please tick the days and write the times for each day in which you are available for work.*

Monday (_____)

Tuesday (_____)

Wednesday (_____)

Thursday (_____)

Friday (_____)

Saturday (_____)

Sunday (_____)

2. Do you expect your availability to change within the next 6 months? **Yes** **No**

- a. If yes, what will be your new availability?

3. Do you have a minimum or maximum number of hours you would like to work per week?

Minimum Hours _____

Maximum Hours _____

Health

1. Do you suffer from any health issues which may impact your ability to perform the tasks and requirements of this position?

Yes **No**

2. Do you suffer from any back, neck, shoulder, or knee related issues? **Yes** **No**

3. Have you ever made a Worker's Compensation Claim? **Yes** **No**

- a. If yes, have you had a Final Medical Clearance? **Yes** **No**

Section 4 – References

Reference 1		Reference 2	
Name:		Name:	
Company:		Company:	
Position:		Position:	
Phone:		Phone:	
Email:		Email:	
Was this person your direct Supervisor? Yes No		Was this person your direct Supervisor? Yes No	

Declaration

I declare that the above statements are true in all aspects. I acknowledge that any statement, which is found to be false or deliberately misleading, may be sufficient cause for rejection of employment, or if employed, liable for dismissal.

Name (Print): _____

Date: _____

Signature: _____

PLEASE ATTACH YOUR RESUME & COVER LETTER WITH THIS FORM*