

APPLICATION FOR ADVERTISED POSITION

Checklist (all items must be included)

Item	
1	This form signed and attached to the front of your application
2	Cover letter (addressing the selection criteria)
3	Résumé / CV

Vacancy Details

Position Title: LSS/ Ageing Well Support Worker Closing Date: Once the position has been filled.

Personal Details

First Name(s): _____

Last Name: _____

Postal Address: _____

Phone/SMS: _____

Email Address: _____

Have you ever worked for Deaf Services? Yes No (if you select Yes, please provide details of the year that you worked and your position). _____

Ageing Well Applicants Only to answer:

Place of birth _____

Have you at any time after turning 16 been a resident or citizen of a country other than Australia?

Yes No (if you select Yes and are shortlisted for this position you will be required to submit a Statutory declaration under the Australian Department of Health, Police Certificate Guidelines).

Please indicate if you require any assistance to attend an interview (e.g., interpreter/wheelchair access/mobility)

APPLICANT DECLARATION

1. I declare that, to the best of my knowledge, all the information in this application is true and correct.
2. I declare that I am legally entitled to work within Australia.
3. I give permission to Deaf Services to contact the referees I have nominated in my resume.
4. I agree to undertake a criminal history screening for the purpose of verifying eligibility to be engaged in services funded by the Government.

Applicant signature: _____

Date: _____

Deaf Services is an Equal Opportunity Employer