

REFEREES: Please give three:

1st

NAME:.....
ADDRESS:.....
PHONE NO:.....

2nd

NAME:.....
ADDRESS:.....
PHONE NO:.....

3rd

NAME:.....
ADDRESS:.....
PHONE NO:.....

IF YOUR APPLICATION IS SUCCESSFUL, WHEN WOULD YOU BE AVAILABLE TO COMMENCE DUTIES?.....

GENERAL CONDITIONS OF EMPLOYMENT

Conditions of employment are as per the relevant award.

Payment of wages shall be fortnightly as required under the determination, and shall be by DIRECT BANKING.

The appointment is also subject to the BY-LAWS of Kerang District Health and to such Hospital Policies as may apply from time to time.

"I declare that all the information I have given is correct and I give the Hospital the right to confirm my answers if necessary and check with previous and present employers and referees named. I have also read the "General conditions of Employment" above and I accept them as fair and reasonable and will abide by them should my application be successful.

DATE:...../...../.....

APPLICANTS SIGNATURE:.....

OFFICE USE ONLY

COMM DATE.....
CLASSIFICATION.....
SALARY RATE.....
HOURS PER WEEK.....
GEN CERT NO.....
MID CERT NO.....
SEN CERT NO.....
PRAC CERT NO.....

APPLICANT IS ADDITIONAL/REPLACEMENT STAFF

- TO BE EMPLOYED AS FULL TIME
- PART TIME
- CASUAL
- RELIEVER

IF REPLACEMENT PERSON, NAME OF PERSON REPLACED.....

...../...../..... (Department Head)