

Disclaimer

The completion of this form does not indicate that there is any obligation on Catholic Church Insurances Limited to engage the applicant.

Purpose

This information is collected for the purpose of assessing your suitability for employment at Catholic Church Insurances Limited, which may include subsequent changes in employment within the company. We may want to keep your application for further consideration for a period of 12 months. Can you indicate whether you wish for us to keep your information for this purpose.

Please keep my information for future reference Please delete my personal information

Your application should be accompanied by a copy of your resume outlining your education, qualifications, career history and any other relevant information.

Please download, complete this form and email with your resume to recruitment@ccinsurances.com.au or Recruitment Department Catholic Church Insurances Limited PO Box 180, Melbourne 3004

Position applied for:

Name of candidate:

Address:

Postcode:

Contact details: Work:

Home:

Mobile:

Email:

Based on the job description and your understanding of Catholic Church Insurances and/or the role, list the reasons why you would like to be considered for this position?

References

Provide details of 3 referees (not relatives) you wish to nominate who have had professional contact with you over at least the past 5 years:

Referee 1. Name:

Company:

Position:

Telephone:

Mobile:

Email:

Referee 2. Name:

Company:

Position:

Telephone:

Mobile:

Email:

Referee 3. Name:

Company:

Position:

Telephone:

Mobile:

Email:

General Information

Have you previously been employed by Catholic Church Insurances?
If **yes**, state positions held and dates employed. **Yes / No**
(please circle) _____

Do you hold a valid driver's licence?
If **yes**, state expiry date. **Yes / No** Expiry Date: / /
(please circle)

Are you a citizen or permanent resident of Australia?
If **no**, do you have a work permit? (Production of a passport
is required for verification – please complete the shaded section) **Yes / No**
(please circle)

If **no**, what is your visa status: _____

Passport Details: Country of Issue: _____ Number: _____ Expiry Date: / /

Are you an assisted immigrant under bond to the
Government or any other employer? **Yes / No**
(please circle)

If **yes**, please provide details _____

List any language other than English in which you can converse: _____

Date available to commence work? _____

Medical

Do you have any physical disability or medical condition which would require modification to your work
environment? **Yes / No**
(please circle)

If **yes**, please provide details: _____

Do you agree to a pre-employment Medical Examination if required? **Yes / No**
(please circle)

Have you ever suffered from an injury that required time off work? **Yes / No**
(please circle)

If **yes**, please provide details. _____

Conditions of Employment Declaration:

I agree that if my application for employment is accepted:

1. I will abide by all Company rules and regulations as presently in force, and as amended from time to time in the future.
2. I agree to abide by the OH&S regulations, and Catholic Church Insurances policies in relation to OH&S.
3. I grant Catholic Church Insurances or its representative's permission to check references, verify my previous employment and quality of work and to consent any necessary background checks deemed relevant to my suitability for this role. (eg. Criminal record check)

I acknowledge and declare that the above mentioned particulars are complete and accurate in every detail.
I understand that should any information that I have provided be found to be false or misleading, my contract of
employment maybe instantly terminated without notice.

Signature of applicant: _____ **Date** / /

Privacy Statement

The information we collect is for the sole purpose of assessing your suitability for employment within Catholic Church Insurances Limited. For further information on privacy and how this information maybe used, please refer to our privacy statement on our website at www.ccinsurances.com.au