ACON EMPLOYMENT APPLICATION FORM



A RESPONSE IS REQUIRED FOR ALL QUESTIONS, PLEASE

Position Applying for:							
Position Title			Application Date				
Personal Details:							
Preferred First Name(s)		Preferred S	urname(s)				
Explanatory Note: We encourage and suppunderstanding that there are requirements for properly administer records for our staff. In the known by at the Australian Taxation Office.	or ACON to provi	ide "legal" names	to governmer	nt departments	and financial institutions to		
Legal First Name(s)		Legal Surname(s)					
Contact Details:							
Phone Numbers		Date Of Birt	١				
Address	1						
City	State	Postcod	9	Country			
Email							
Are you of Aboriginal and/or Torres St	trait Islander o	origin?:		T			
☐ No ☐ Yes, Aboriginal	☐ Ye	es, Torres Strait Islander			Prefer not to answer		
Which pronouns do you use?:							
☐ She / Her ☐ He / Him ☐	They / Them	☐ I use my	name only	ifferent words ^			
^ Please Specify:							
How do you describe your gender?:							
☐ Woman or ☐ Man or Female Male	Non-bin	*	e different v ider ^	vords for my	Prefer not to answer		
^ Please Specify:		·					
Please select the levels of education y	ou have comp	oleted:					
School Certificate (Year 10)	Certifica	te ^ Dip	loma ^	Degree ^	☐ Higher ^		
Higher School Certificate (Year 12)		<u>.</u>					
^ Please Specify:							
Referees:							
Please provide the names and contact de	tails of <u>3 refere</u>	<u>ees</u> . Please Note	: Only one m	ay be a perso	nal referee.		
1. Name	Ро	sition					
Phone		Email					
2. Name	Ро	sition					
Phone		Email					
3. Name	Ро	sition					

Email

Phone

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Have you ever worked or volunteered with	1 ACON b	efore?):						
☐ No ☐ Yes − Please give details:									
Do you have a disability?:									
Disability includes physical, intellectual, psychological — the presence in the body of d impairments (not corrected by wearing glasses or speech impairment such as stuttering; intellectual dyslexia, epilepsy or facial disfigurements.	isease-caus contact lens	sing org	ganisms. Intal illnes	Example ss such a	s of disab s schizoph	oility ind renia, c	clude hearing splented by the	peech or visual ipolar disorder;	
□ No □ Yes	☐ Pr			Prefer no	refer not to answer				
Please tell us if you require any workplace adjust	ments to f	fully par	rticipate	at inter	view or at	work ir	n performing yo	ur role ^:	
^ Please Specify:									
Known Allergies / Medical Conditions (that	t we shou	ıld be r	made av	vare of	for a saj	^f e Face	e-to-face inter	view):	
I DON'T have any known Allergies or Med	☐ I <u>DON'T</u> have any known Allergies or Medical Conditions ☐ I have						nave Medical C	onditions #	
# Please Specify:									
Have you lived and/or worked in any coun	try other	than A	Australia	for 12	months	or mo	ore in the last	10 years?:	
☐ No ☐ Yes – Specify all Countries:									
Eligibility to work in Australia:									
Australian Citizen	Permanent Resident			Other *					
* If Other, Visa Details: Subclass (Number):		Туре	(Name):				Expiry (Date):		
l've attached a copy of my valid Passport – my <u>Photograph</u> & <u>Passport Number</u> for veri							otification from E Conditions & Dui		
Please Note: If you are <u>not</u> an Australian Citizen or <u>obtaining and maintaining</u> an appropriate valid visa fr visa conditions imposed.									
CoVid-19 Vaccination Status:									
I <u>AM</u> vaccinated against CoVid-19	(please sp	necify th	he numb	er of do	ses receiv	ved, an	d date of your	last dose):	
2 3	4		or more	е	Last Dos	e Date	:/	/	
I <u>AM NOT</u> vaccinated against CoVi	I <u>AM NOT</u> vaccinated against CoVid-19 (please state your intention – if successful for the role):								
I will be Vaccinated (min. 2 doses)	I will provide a Medi Exemption Certificat								
Please Note: If you're successful in your application for requirements of CoVid-19 vaccination certification by valid Medical Exemption.									
Criminal Record Check (CRC):									
I <u>AM</u> willing to participate in a Cri	I <u>AM</u> willing to participate in a Criminal Record Check by ACON (at ACON's expense)								
I AM NOT willing to participate in	I <u>AM NOT</u> willing to participate in a Criminal Record Check by ACON (at ACON's expense)								

Please Note: ACON requires that all staff participate in a national police record check screening prior to the commencement of their employment. An international police record check is required when you have lived in an overseas country for 12 months or longer in the last 10 years.

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Mandatory: Preferred Person To Contact In An Emergency (if required during interview):

Full Name

	Address									
	City		State	Postcode		Country				
Perso	onal Email			Phone Numbers						
Optio	nal: Altern	ate Person To Contac	t In An Em	nergency (if required dur	ing an in	terview):				
	Full Name			Your Relat	tionship					
	Address				•					
	City		State	Postcode		Country				
Perso	onal Email			Phone Numbers						
Selection with reapplicate Applicate	on Panel if you elevant ACOI etion data) w cation Che	ou are short-listed for inte N staff on a strictly 'Need ill be deleted. cklist:	rview). If yo I to Know' L	ng held by People & Culture, of Bur application for employmer Basis. If your application for	nt is succes employme	sful, this in nt is unsuc	nformation will only be shar ccessful, this form (and oti	ed		
Please	confirm th	at you've completed, a	nd are send	ding the following items wi	ith your a	oplication	:			
	This compl	pleted Application Form (<i>Required</i>)								
	Your Resur	me — outlining your past experience and relevant skills (<i>Required</i>)								
	Your Cover	r Letter – addressing how you meet the Selection Criteria in the Position Description (<i>Required</i>)								

Your Relationship

ACON is Australia's largest health promotion organisation specialising in community health, inclusion, and HIV responses for people of diverse sexualities and genders. Established in 1985, ACON works to create opportunities for people in our communities to live their healthiest lives.