

Application for Employment

Please attach a CV which gives a complete time record (month and year) of your qualifications, training and experience

Personal details

First name(s):

Preferred name:

Surname

Title: Dr Mr Mrs Ms Miss

Street address

Suburb

State

Post Code

Date of birth

Contact numbers: Mob:

Home:

Other:

Contact email:

Occupational

AHPRA Registration number(s): RN – NMW000

MW – NMW000

Nurse type(s) Carer AIN RN MW

Year level (AIN, RN, MW): 1 2 3 4 5 6 7 T/A

Taxation

Tax File number:

Banking

Branch BSB:

Account number:

Account name:

Bank name:

Superannuation

Fund name:

Member number:

Citizenship and Work Visa

Nationality:

Passport Number (Overseas Nationals):

Visa type (Overseas Nationals):

Visa expiry date:

Emergency Contact(s)

Name: Relationship:

Address:

Phone: email:

Name: Relationship:

Address:

Phone: email:

Referees (Please contact them to expect a call from AMS Nursing Agency)

Work Reference (#1)

Name:

Position:

Employer:

Phone: email:

Work Reference (#2)

Name:

Position:

Employer:

Phone: email:

I nominate the individuals listed above to act as referees on my behalf and authorise Access Nursing Agency to contact these individuals. I also authorise the Agency to send information obtained from my referees which is relevant to my job application onto a Client of the Agency.

Signed:

Date

(V3 Jan 20)