



**ST. JOHN AMBULANCE AUSTRALIA**  
**JOB APPLICATION FORM**

**DATE OF APPLICATION:**

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**POSITION APPLIED FOR:**

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**PERSONAL DETAILS:**

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**Surname:**

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**Given Name(s):**

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**Postal Address:**

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**B/H Telephone:**

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**Mobile Telephone:**

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**Email address:**

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Do you hold a current Australian driver's licence? (please circle) YES / NO

**EDUCATION AND QUALIFICATION DETAILS**

Please list details of schools, colleges, universities attended and qualifications (last 10 years only)

Date of Attendance	Institution Attended	Qualification(s) Achieved

**PREVIOUS EMPLOYMENT HISTORY**

Please list details of your last three positions held

Period of Employment	Name of Employer	Position title

Please provide details of the basis for your ability to work in Australia (eg. Australian citizen, holder of appropriate working visa - provide visa type and number)

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Do you speak, read or write in any language(s) other than English? (please circle) YES / NO If so, which ones?

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**CRIMINAL HISTORY CHECK**

Have you ever been convicted of a criminal offence?

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If so, please provide details.

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**MEDICAL INFORMATION**

Would you agree to undergo a medical examination to assess your suitability to be able to carry out the requirements of the position? (please circle) YES / NO

**TRAVEL COMMITMENTS / ADDITIONAL HOURS**

Are you able to undertake country or interstate travel as specified? (please circle) YES / NO / NOT APPLICABLE

Are you able to undertake work on weeknights or weekends as specified? (please circle) YES / NO / NOT APPLICABLE

**REFEREE LIST**

Please list below three referees whom we can contact regarding your suitability for the position:

Name of Referee, Organisation and Position Held	Contact Telephone Number / Email

If we offer you the position, when are you available to start work?

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Do you consent to SJAA retaining your application on file for a maximum of six months in the event another suitable position may arise, should you not be successful in this application? (please circle) YES / NO