



APPLICATION FOR EMPLOYMENT

Name of Position applying for: DFV Practitioner

Candidate Name: _____

Address: _____

Contact Details:

After Hours: _____

Work: _____

Mobile: _____

Email: _____

Blue Card:

Do you hold a current Positive Notice Blue Card for Child Related Employment?

YES NO (circle one)

If yes, please provide Registration No: _____ Expiry Date: _____

Driver's Licence:

Do you hold a current driver's licence? **YES NO** (circle one)

If yes, please provide Drivers Licence No: _____

If no, please explain situation: _____

Professional Referees:

Please provide the details for 3 professional referees:

Name: _____ Organisation: _____

Position: _____ Phone: _____

Name: _____ Organisation: _____

Position: _____ Phone: _____

Name: _____ Organisation: _____

Position: _____ Phone: _____

Start Date:

If the position is offered to you, when are you available to start work?

Authorisation & Understanding:

I authorise Community Action Inc to contact my referees to verify all information given in my application. These enquiries may include information as to my character, general reputation, personal characteristics and employment performance. I consent to the conduct of such enquiries and to the consideration of any statements or references provided by referees in response to these enquiries. I authorise all referees whom I have named in my application to provide information requested about me, and I release them and Community Action Inc from liability and damages in providing this information.

I understand that all information provided to Community Action Inc in relation to my application will be treated in the strictest confidence and will not be communicated to any third party without my consent.

Name: _____

Signature: _____

Date: _____