



Chinese Community Social Services Centre Inc. (ABN 95428365701)

長者家居照顧服務

Home Care Packages Program

Application for Employment as Home Care Worker

家居照顧員職位申請表

Please complete in block letter, either in Chinese or English 請用中文或英文正楷填寫

If you need more space to answer a question, please use separate sheets. 如你需要額外地方回答問題，請另紙填寫。

1. Personal Particulars 個人資料			
Family Name 姓氏	Given Name 名字	Name in Chinese 中文姓名	
Sex 性別 Male 男 <input type="checkbox"/> Female 女 <input type="checkbox"/>	Date of Birth 出生日期	Place of Birth 出生地點	Year of Arrival in Australia 抵達澳洲年份
Home Address 居住地址	Postcode 郵區號碼	Telephone Number 電話號碼	
		Office 辦事處 _____	
Postal Address 郵政地址	Postcode 郵區號碼	Home 住所 _____	
		Mobile 手提電話 _____	
Email Address 電郵地址			
Spoken Language/Dialect 能操語言/方言 <input type="checkbox"/> English 英文 <input type="checkbox"/> Cantonese 廣東話 <input type="checkbox"/> Mandarin 國語 <input type="checkbox"/> Others (please specify) 其他(請註明) _____			Written Language 能寫語言 <input type="checkbox"/> English 英文 <input type="checkbox"/> Chinese 中文
Are You a Permanent Resident? 你是否永久居民? <input type="checkbox"/> Yes 是 <input type="checkbox"/> Yes 是			Nationality 國籍

2. Contact Person in Emergency 緊急事故聯絡人		
Name 姓名	Relationship 關係	Telephone No. 電話號碼 Office 辦事處 _____
Address 地址		Home 住所 _____ Mobile 手提電話 _____

3. Education & Professional Qualifications (in chronological order) 學歷與專業資格 (按日期順序列出)		
Education & Professional Qualifications 持有的學歷與專業資格	Issuing Authority 頒發機構	Date Obtained 頒授日期

4. Employment Record in Last Five Years (in chronological order) 過去五年的就業紀錄 (按日期順序列出)			
Name of Employers 顧主名稱	Position (please specify full-time, part-time or casual) 職位 (請註明全職、兼職或散工)	Date 日期	
		From 由	To 至

5. Other Information 其他資料
Where do you learn about this position? 你從那兒得悉此職位? <input type="checkbox"/> Website 網址 <input type="checkbox"/> Other Agency 其他機構 (Name of Agency 機構名稱 _____) <input type="checkbox"/> Other 其他 (Please specify 請註明 _____)
Do you have any health problems which may affect your capacity to do this job?

<p>你是否有任何健康問題會影響你執行此項工作？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>If yes, please give details. 如答是，請列詳情：</p>
<p>Have you ever been on Work Cover or Worker's Compensation? 你是否曾經領取工傷賠償？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>If yes, please give details 如答是，請列詳情：</p>
<p>Have you ever been found guilty of an offence in a court of law, either in Australia or Overseas? 你是否曾經在澳洲或外地法庭被判有罪？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>If yes, please give details 如答是，請列詳情：</p>
<p>Do you have a car available for job use? 你是否有車輛使用以配合工作需要？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>If yes, please give details 如答是，請提供以下資料</p>
<p>Driver License Number 駕駛執照號碼 _____ Expiry Date 有效日期 _____</p>
<p>Model of Car 汽車型號 _____ Year 年份 _____</p>
<p>Registration No. 車牌 _____ Car Registration Expiry Date _____</p>
<p>Car Insurance 汽車保險 <input type="checkbox"/> Comprehensive 全保 <input type="checkbox"/> Third Party Only 第三保</p>
<p>Name of Driver Insured 投保人 _____ Expiry Date 有效日期 _____</p>
<p>Latest Car Service Date 上次維修日期 _____</p>

6. Referees 諮詢人		
Please provide two referees 請提供兩位諮詢人		
Name 姓名		
Relationship 關係		
Occupation 職業		
Company 服務機構		
Address 地址		
Contact No. 聯絡電話		

7. Declaration 聲明

I understand that if I willfully give any false information or withhold any material information, I shall render myself liable to dismissal even though I am appointed.

本人明白倘若故意虛報資料或隱瞞事實，即使已獲錄用，亦有遭受解僱的可能。

Signature 簽名 _____

Date 日期 _____

Please send your application form with the following availability details to us by:

請將申請表連同以下的「可工作時間表」用以下方法遞交本中心:

1. Email 電郵: to agedcareworker@ccssci.org.au or 或
2. Mail 郵寄: Suite 6, Level 1, MC Square, 687 Doncaster Road, Doncaster 3108

Availability for work

Name of Applicant:

Please mark with a tick (✓) on the days and times when you are available for work.

Time	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.
7:00-8:00 am							
8:00-9:00 am							
9:00-10:00 am							
10:00-11:00 am							
11:00-12:00 pm							
12:00-1:00 pm							
1:00-2:00 pm							
2:00-3:00 pm							
3:00-4:00 pm							
4:00-5:00 pm							
5:00-6:00 pm							
6:00-7:00 pm							
7:00-8:00 pm							
8:00-9:00 pm							

Languages & Dialects spoken: _____

English Skills: Spoken _____ Functional _____ Limited _____
 Written _____ Functional _____ Limited _____

I am comfortable to perform the following duties: (you could tick more than one)

- _____ Showering for female / male / both* (please circle the correct one)
- _____ House cleaning
- _____ Cooking
- _____ Transport : City / Suburb * - (please circulate the correct choice)

Doncaster Office: Suite 6, Level 1, MC Square, 687 Doncaster Road, Doncaster 3108 Tel. 8848 0288 Fax 9848 2191
 Box Hill Office: Suite 19, Box Hill Central, 17 Market Street, Box Hill 3128 Tel. 9898 1965 Fax 9890 1888