

	 <p>The GEO Group Australia Pty Ltd</p> <p>PARKLEA CORRECTIONAL CENTRE</p>	PCC/CF518 Issue: D Date: 140114 Page 1 of 13 Colour: White
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APPLICATION FOR EMPLOYMENT

Date:		Location Applied For:	
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Position Applied For	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Casual <input type="checkbox"/>	Trainee <input type="checkbox"/>
	Fixed Term <input type="checkbox"/>			

Surname:		First Names:	
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Gender:	Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Marital Status:	Married <input type="checkbox"/>	De-Facto <input type="checkbox"/>	Single <input type="checkbox"/>	
Address Line 1:				
Address Line 2:				
Town:		State:		P. Code:
Home Phone:		Mobile:		
Date Of Birth:		Place Of Birth:		
Nationality:		Aboriginal/ Torres Strait Islander <input type="checkbox"/>		
Citizenship:	Australian Citizen <input type="checkbox"/>		Perm Resident <input type="checkbox"/>	
How did you hear about us?	<input type="checkbox"/> Referred by a current GEO employee <input type="checkbox"/> Referred by a past GEO employee <input type="checkbox"/> GEO website <input type="checkbox"/> Seek <input type="checkbox"/> Career Fair (please specify) _____ <input type="checkbox"/> Social Media (please specify) _____ <input type="checkbox"/> Printed Media (please specify) _____ <input type="checkbox"/> Department of Corrective Services _____ <input type="checkbox"/> Other (please specify) _____			

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1. List all employment for the past five years beginning with your most recent job (if you need additional space, please continue on a plain piece of paper or if you are submitting a separate resume with this application please do not complete this section)

Employer:	_____
From:	_____ To: _____
Address:	_____
Telephone No.	_____
Position:	_____
Salary:	_____
Reason for Leaving	_____
Employer:	_____
From:	_____ To: _____
Address:	_____
Telephone No.	_____
Position:	_____
Salary:	_____
Reason for Leaving	_____
Employer:	_____
From:	_____ To: _____
Address:	_____
Telephone No.	_____
Position:	_____
Salary:	_____
Reason for Leaving	_____
Employer:	_____
From:	_____ To: _____
Address:	_____
Telephone No.	_____
Position:	_____
Salary:	_____
Reason for Leaving	_____

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2. The GEO Group must provide a 24 hour a day, 7 days per week service. Are you available to work whatever schedule is necessary to help us meet our corporate objectives and obligations?

Yes ☐ No ☐

If no, what shifts or days are you available?

3. Do you hold a current driver's licence?

Yes ☐ No ☐

Licence Type: _____

Licence No.: _____

State of Issue: _____

4. Are you currently employed?

Yes ☐ No ☐

If yes, may we contact your employer?

Yes ☐ No ☐

Please provide contact person and telephone number.

5. Tick the highest school grade you completed

☐ 9 ☐ 10 ☐ 11 ☐ 12

6. Have you completed tertiary qualifications?

Yes ☐ No ☐

Please give details:

7. Have you ever been dismissed, or requested to resign from employment?

Yes ☐ No ☐

If yes, please give details of employer, date and reason/s:

8. Are you prevented from lawfully becoming employed in this country because of your Visa or Immigration status?

Yes ☐ No ☐

9. Have you ever been granted a military or government security clearance?

Yes ☐ No ☐

What level? _____

From whom and when? _____

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**STATUTORY DECLARATION
OATHS ACT 1900 - NINTH SCHEDULE**

I, the undersigned (Full Name) _____

of (Home Address) _____

in the State of New South Wales, (Occupation) _____

Do hereby solemnly and sincerely declare and affirm that, the answers to the following questions are to the best of my knowledge a truthful account.

If you answer YES to any of the following questions please specify details.

MOTOR VEHICLE OPERATION

1.	I have had one or more speeding or other driving infringement notices in the past 5 years. (Do not count parking tickets).	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please list:	Year	Violation	
2.	I have been involved in one or more traffic accidents in the past five years.	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, when, how many and what was the nature of these incidents?			
3.	My driver's licence has been suspended or revoked at some time.	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, when and how long.			
4.	I have been charged with Driving Under the Influence (drugs or alcohol).	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, specify when and the charge / conviction.			
5.	I have driven while over the limit, but have not been detected.	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>

Applicants Signature : _____

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	If yes, when was the last time?	
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HEALTH HISTORY

6.	Are you required to wear corrective shoes or shoes of a particular type?	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please specify.			
7.	Do you have any special identification marks, e.g., tattoos, major scars, birthmarks etc?	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
	If so, please list.			
8.	Do you currently have or have ever had an injury, damage or disorder of the joints or other tissues in your lower / upper limbs or the back?	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please specify.			
9.	Have you any current medical conditions, which may prevent you from completing the inherent requirements of the position that you are applying for with The GEO Group Australia Pty Ltd?	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please explain.			
10.	Do you suffer or have you ever suffered from claustrophobia?	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
11.	Do you suffer or have you ever suffered from vertigo?	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
12.	Do you or have you ever suffered from mental health issues (including, but not limited to substance abuse drugs / alcohol, anxiety, depression, schizophrenia, bipolar disorder etc)	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>

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	If yes, please provide details, including the type of mental health condition and the details of any treatment (including hospitalisation) sought.	
	If yes, are you currently taking any medications for the above (please specify)?	

POLICE HISTORY

13.	I have been spoken to by police regarding a criminal matter.	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
14.	I have been spoken to by police regarding a non-criminal matter.	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
15.	I have been arrested.	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
16.	On at least one occasion I have been in police custody / detention.	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
17.	On at least one occasion I have received a police caution.	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered Yes or Unsure to any of the questions above, please set out details, including dates in the space provided below:

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Applicants Signature : _____

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LEGAL HISTORY

18.	I have declared personal bankruptcy.	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
19.	Have you a garnishee imposed on your earning?	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
20.	I have been named in a Restraining Order or an Apprehended Violence Order (AVO).	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
21.	I have taken out a Restraining Order or an Apprehended Violence Order (AVO) someone else.	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
22.	I have been sued.	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
23.	I have sued someone else.	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
24.	I have used another name at some point in my life. (Do not count nicknames or change of name due to marital status).	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered Yes or Unsure to any of the questions above, please set out details, including dates in the space provided below:

Applicants Signature : _____

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SOCIAL HISTORY

25.	Are you currently or formerly related or associated with any individual who has a criminal history?	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please provide details?			

WORK HISTORY

26.	Have you ever been dismissed from a job?	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, please provide details.			
28.	Have you ever quit a job because you thought you might get fired?	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, please provide details.			
29.	Did you have help in completing your job application?	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
	If, Yes please provide details.			
30.	I give permission for The GEO Group Australia to access the CSNSW Offender Information Management System for a preliminary MIN & VIN check.	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>
31.	I give permission for my complete service record to be divulged in full to the Department of Corrective Services New South Wales (CSNSW).	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>	No <input type="checkbox"/>

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**STATUTORY DECLARATION
OATHS ACT 1990 - NINTH SCHEDULE**

1.

a. My place of Birth (City/Town).	
b. My date of arrival into Australia was (if applicable):	
c. I have visited or resided in the following countries for a period of six months or more:	

2. Please **CROSS OUT** the inapplicable

Part A

I **HAVE / HAVE NOT** been convicted of any criminal offence as an adult **or** juvenile in Australia or any other country. *(If you circled 'HAVE' please complete Part B below).*

I **AM / AM NOT** currently charged with a criminal offence in Australia or any other country. *(If you circled "AM", please complete Part B below).*

I **HAVE / HAVE NOT** been imprisoned anywhere in Australia or any other country.

Details of all adult or juvenile offences which I have been convicted of, and/or current criminal charges and/or details of imprisonment – are listed below.

(Write 'NIL' if you have none of these)

Part B

CONVICTIONS:	
CHARGES:	
IMPRISONMENT:	

3. I do not know nor have visited in prison any persons who have been or who are currently in a Prison institution in Australia. *(If however you do know or have visited any person/s please indicate name, relationship and length of time you have known this/these person/s: **Write 'N/A' if not applicable**)*

Name	Nature of Relationship	Length of Relationship	MIN if Known	Last visited

If you know more than 3 people, please detail on back page

Applicants Signature : _____

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and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Declared at: on
[place] *[date]*

.....
[signature of declarant]

in the presence of an authorised witness, who states:

I,, a
[name of authorised witness] *[qualification of authorised witness]*

certify the following matters concerning the making of this statutory declaration by the person who made it: *[* please cross out any text that does not apply]*

1. *I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. *I have known the person for at least 12 months OR *I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was

[describe identification document relied on]

.....
[signature of authorised witness]

.....
[date]

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PART B: JOB PREFERENCES

We would like to know how you feel about various aspects of this job. That is, what are the most important features to you personally, and what features are less important.

By **circling** a number from 1 to 10 next to each item, indicate how you rank this particular feature in terms of its importance to you.

Use only the numbers 1 to 10. Try not to use any number more than twice (for example, don't make every answer a 5).

Rate the following items (one number to an item) as follows:

From 1 = Least important; through to 10 = Extremely important

<u>Item:</u>	<u>Rating:</u>									
Salary, benefits, security:	1	2	3	4	5	6	7	8	9	10
Opportunity for long term career advancement:	1	2	3	4	5	6	7	8	9	10
Chance to help others in need:	1	2	3	4	5	6	7	8	9	10
Being in an organisation where people have rank and are expected to follow orders:	1	2	3	4	5	6	7	8	9	10
Variety, change, challenge:	1	2	3	4	5	6	7	8	9	10
Prestige of position, status, authority:	1	2	3	4	5	6	7	8	9	10
Opportunity for making my own decisions:	1	2	3	4	5	6	7	8	9	10
Excitement and danger:	1	2	3	4	5	6	7	8	9	10
Show important people in my life I have succeeded:	1	2	3	4	5	6	7	8	9	10
Chance to retire early:	1	2	3	4	5	6	7	8	9	10
Being seen as powerful and important:	1	2	3	4	5	6	7	8	9	10
Having free time to be able to do other work:	1	2	3	4	5	6	7	8	9	10