# Casual Cleaner Application Package

Thank for your interest in a Casual Cleaner position with the Department of Sport and Recreation.

Once completed, please return all paperwork to the;

Department of Sport and Recreation

Human Resources Officer

PO Box 329

LEEDERVILLE WA 6903

#### OR Email hr@dsr.wa.gov.au

## ADVERTISED VACANCY DETAILS

|  |  |  |
| --- | --- | --- |
| POSITION TITLE | LOCATION/S | POSITION NUMBER |

## PERSONAL DETAILS

NAME: Date of Birth:

ADDRESS: Contact Numbers:

|  |  |  |
| --- | --- | --- |
| CITIZENSHIPAre you an Australian Citizen?IF ‘NO’ PLEASE ANSWER THE FOLLOWING QUESTIONS:Have you been granted permanent residence?Have you applied for Australian Citizenship? |  Yes No Yes No Yes No | If ‘Yes”, date of application / / |

## EMPLOYMENT DETAILS

|  |  |
| --- | --- |
| Are you currently employed in the WA Public Sector?If so, please name the agency you are currently employed with:Award and classification level Have you ever received a voluntary severance from the WA public sector? If yes, what is your re-entry date on Your deed of Severance? |  Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Applicant |   | Date  |

|  |
| --- |
| EDUCATION / QUALIFICATION DETAILS |
| COMPLETED COURSES   | DATE COURSE COMPLETED    |

## OTHER DETAILS (must be completed)

|  |
| --- |
| **HEALTH**To the best of your knowledge and belief are you of sound health? Yes No If “NO”, please give details Applicants who have a health condition are invited to discuss its relevance or otherwise to their prospects for employment with the interviewing officer. |
| **DISABILITY**A disability or injury is NOT a barrier to the consideration of an application for employment. However, to assist in assessing opportunities for your placement in appropriate employment, please indicate:WHETHER YOU HAVE A DISABILITY OR INJURY LIKELY TO AFFECT YOUR WORK PERFORMANCE OR WHICH COULD RECUR OR BE AGGRAVATED BY THE TYPE OF WORK FOR WHICH YOU ARE APPLYING: Yes No If “YES”, please give details   |
| **WORKERS’ COMPENSATION CLAIMS**A previous Workers’ Compensation Claim is NOT a barrier to the consideration of an application for employment. However, to assist in assessing opportunities for your placement in appropriate employment, please indicate if you have ever made a claim for Workers’ Compensation: Yes No If “YES”, please give details   |
| **CONVICTIONS**DO YOU HAVE ANY CURRENT CONVICTIONS FOR ANY OFFENCES FROM ANY COURT, OR ARE YOU CURRENTLY THE SUBJECT OF ANY CHARGE PENDING BEFORE ANY COURT? YOU DO NOT NEED TO GIVE DETAILS OF ANY CONVICTION WHICH YOU HAVE HAD DECLARED SPENT (SPENT CONVICTIONS ACT 1988). Yes No If “YES”, please give details  A criminal record does not necessarily disqualify an applicant. If rejection of your application is considered solely because of a criminal record, you will be given the opportunity to discuss the matter fully before a final decision is made.  |

## Employment History

|  |  |
| --- | --- |
|  |  |
| Employer | Employment details |
| Employer | Employment details |
| Employer | Employment details |
| Employer | Employment details |
| Employer | Employment details |

## References

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Company  | Relationship To Applicant | Contact details |
| Name: |  |  | Contact details |
| Name: |  |  | Contact details |

I DECLARE THE ABOVE STATEMENTS TO BE TRUE IN ALL RESPECTS. I ACKNOWLEDGE THAT ANY STATEMENT THAT IS FOUND TO BE FALSE OR DELIBERATELY MISLEADING WILL MAKE ME, IF EMPLOYED, LIABLE FOR DISMISSAL.

Date: / / Signature

**ADDITIONAL INFORMATION IN SUPPORT OF THE APPLICATION SHOULD BE ATTACHED.**