



# Application for Vacancy

Advertised Vacancy Details													
Position Number/s				Advertised Vacancy Number									
Position Title				Position Level									
Applicant Details													
Title		<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other _____						
First Name/s					Last Name								
Address					Post Code								
Telephone (Home)			Telephone (Work)			Mobile							
Email													
Current Employment													
Are you a State Government employee?	<input type="checkbox"/> Yes	Employment Status		<input type="checkbox"/> Permanent			<input type="checkbox"/> Casual						
				<input type="checkbox"/> Fixed Term Contract			<input type="checkbox"/> Other						
		Current Agency											
		Substantive Position Title						Level and Increment					
<input type="checkbox"/> No	Acting Position Title (if applicable)						Level and Increment						
	Current Employer					Position Title							
Have you previously worked for DoP?			<input type="checkbox"/> Yes		<input type="checkbox"/> No								
Have you previously received a voluntary severance from the state public sector?			<input type="checkbox"/> Yes		<input type="checkbox"/> No			If Yes, agency and year:		Eligible Return:			
Permanent Residency													
<ul style="list-style-type: none"> <li>You need to be a permanent resident to be appointed to a permanent position at the Department of Planning.</li> <li>Non-permanent residents are eligible for fixed term appointments.</li> <li>If you were born overseas, you will need to provide proof of your eligibility to work in Australia.</li> </ul>					Do you have: <ul style="list-style-type: none"> <li><input type="checkbox"/> Permanent Residency</li> <li><input type="checkbox"/> Australian Citizenship</li> <li><input type="checkbox"/> Temporary Visa or Work Permit</li> </ul> - Type of Visa or Work Permit: _____ - Valid from _____ to _____								
References - Please provide details of two employment referees													
1.	First Name		Last Name		Company								
	Address				Postcode								
	Daytime Telephone/Mobile				Email								
2.	First Name		Last Name		Company								
	Address				Postcode								
	Daytime Telephone/Mobile				Email								

## Supplementary Information

### Qualifications

Applicants who have qualifications specific to the advertised vacancy must include them with this application. If you do not include them, it is NOT a barrier to consideration of an application for employment. However, if the position specifies a qualification is essential, a certified copy of your qualification will need to be sighted/assessed by Strategic Workforce Services at the interview stage.

Qualification	Institution	Year

### Health & Workers Compensation

Have you, to the best of your knowledge had a medical condition, or ever made a claim for Worker's Compensation that may preclude you from undertaking the duties of this position?

A medical condition or disability is **NOT** a barrier to the potential offer of employment within the public sector. However, to assist in assessing opportunities for placement, please indicate whether you have a disability or injury likely to affect your work performance or that requires special consideration/needs.

No       Yes      If 'Yes', please provide details below:

Nature of condition	Date of injury, if applicable	Any special requirements?

### Criminal Convictions

Do you have any current criminal 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 for any conviction which you have had declared spent (West Australian Spent Convictions Act 1988). 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.

No       Yes      If 'Yes', please provide details below:

Nature of conviction	Date of conviction	Place of conviction

### Applicant declaration

- I authorise any of my referees, previous employer/s, to provide information and/or records of my employment service and medical and/or claims history to the Department of Planning if required.
- I agree to advise DoP of any investigations, charges or convictions that have arisen since my engagement by DoP.
- I declare that to the best of my knowledge at the time they were submitted the statements above and those in my résumé and application are true and correct in all respects and I have not withheld any relevant information.
- I acknowledge that any statement that is found to be false or deliberately misleading may make me, if employed, liable for dismissal. If I subsequently become aware that information I have provided is false or misleading I will immediately bring this to the attention of the Department of Planning.

Full Name	Signature	Date
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<b>CHECKLIST FOR APPLICANT</b>	<input type="checkbox"/>	<a href="#">Application Form is completed and attached to application</a>
	<input type="checkbox"/>	<a href="#">Application addresses the Work Related Requirements</a>
	<input type="checkbox"/>	<a href="#">Current Resume is attached</a>
	<input type="checkbox"/>	<a href="#">Copies of relevant qualifications are attached</a>
	<input type="checkbox"/>	<a href="#">Copy of current working visa (if applicable) is attached</a>
	<input type="checkbox"/>	<a href="#">Additional information in support of this application is attached – <b>please do not provide originals</b></a>
	<input type="checkbox"/>	<a href="#">When applying electronically, please use PDF or Word format</a>