



Application for Employment Form - Cleaner

PERSONAL DETAILS

| | | | |
|--------------------------|--|----------------------------|--|
| Title: | | Surname: | |
| Other names: | | | |
| Address: | | | |
| Suburb: | | Post Code: | |
| Telephone (home): | | Telephone (mobile): | |
| Email: | | | |

FIRST REFEREE DETAILS

| | | | |
|-----------------------------------|--|-------------------|--|
| Organisation: | | | |
| Name: | | | |
| Position Title: | | | |
| Day Time Telephone Number: | | | |
| Relationship to you: | | | |
| Email: | | | |
| Address: | | | |
| Suburb: | | Post Code: | |

SECOND REFEREE DETAILS

| | | | |
|-----------------------------------|--|-------------------|--|
| Organisation: | | | |
| Name: | | | |
| Position Title: | | | |
| Day Time Telephone Number: | | | |
| Relationship to you: | | | |
| Email: | | | |
| Address: | | | |
| Suburb: | | Post Code: | |

WA GOVERNMENT EMPLOYMENT DETAILS

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|--|--|---|--|
| Are you currently employed in the WA public sector? | | If yes, please specify Agency: | |
| Classification Level | | Award: | |
| 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: | |

DETAILS OF CURRENT POSITION

| | | | |
|---------------------------|--|---------------|--|
| Start date of employment: | | Organisation: | |
| Position Title: | | | |
| Work Type: | | | |
| Main duties: | | | |

DETAILS OF PREVIOUS POSITION

| | | | |
|---------------------------|--|---------------|--|
| Start date of employment: | | Organisation: | |
| Position Title: | | | |
| Work Type: | | | |
| Main duties: | | | |

RESIDENCY

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| Are you an Australian or New Zealand citizen or permanent resident? | |
| If you are not an Australian or New Zealand Citizen or Australian Permanent Resident, have you applied for permanent residency or a temporary work visa? | |

DECLARATIONS

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| Do you currently hold a valid WWCC or are you willing to obtain one? All employees in public schools must obtain and hold a current Working With Children Check (WWCC) card. If you do not already have a card you will be required to apply for one within 5 days of starting at your school (the form needs to be signed by your school). <i>Further information regarding WWCC may be obtained at www.checkwwc.wa.gov.au</i> | |
| Do you have a medical condition or disability that may need to be considered when undertaking the duties of the position you have applied for? | |
| Have you made a previous Worker's Compensation Claim? If you have, this is not a barrier to the consideration of an application for employment, however, it will assist in assessing opportunities to place you in appropriate employment. | |

| ROLE REQUIREMENTS | |
|---|--|
| Have you completed any formal or recognised training in school or commercial cleaning? Please Note: Successful Applicants will be required to attend relevant training courses relating to your employment as a cleaner and will be required to reach a satisfactory standard in all training courses. | |
| Have you completed a Department of Education's Cleaner Induction Training Course? | |
| If you answered yes to either of the above questions, please attach copies of certificates. | |
| Please select areas where you have had previous cleaning experience: | <input type="checkbox"/> Commercial <input type="checkbox"/> School |
| Please select surfaces in which you have regular/daily experience cleaning: | <input type="checkbox"/> Carpets <input type="checkbox"/> Vinyls <input type="checkbox"/> Ceramics <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Glass |
| Please select surfaces in which you have occasional/ad-hoc experience cleaning: | |
| Please select areas where you have had previous cleaning experience. | <input type="checkbox"/> Commercial <input type="checkbox"/> School |
| Can you identify a material safety data sheet? | |
| Are you familiar with the personal protective equipment associated with cleaning? | |
| Are you familiar with the use of the cleaning chemicals outlined below? | <input type="checkbox"/> Vinyl floor stripper <input type="checkbox"/> Toilet floor/bowl cleaner <input type="checkbox"/> Spray and wipe <input type="checkbox"/> Glass cleaner <input type="checkbox"/> Disinfectants/sanitisers <input type="checkbox"/> General purpose detergent |
| Have you used or operated the machinery listed below? | <input type="checkbox"/> Back pack vacuum <input type="checkbox"/> Wet/dry vacuum <input type="checkbox"/> Suction polisher <input type="checkbox"/> Pressure cleaner <input type="checkbox"/> Extraction shampooer <input type="checkbox"/> Air broom/blower |

| DECLARATION |
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| <p>I declare that to the best of my knowledge and belief all the foregoing statements are true and that I have not withheld any relevant information.</p> <p>I understand that by virtue of section 79 of the Workers' Compensation and Rehabilitation Act 1981, a future claim for workers' compensation may be in jeopardy if I fail to divulge relevant information about my past or present medical history that may impact upon my employment.</p> <p>I consent to a medical examination, if required by the employer, to be carried out by a medical practitioner of the employer's choice, with the fee incurred in having to attend the examination being paid by the employer.</p> <p>I acknowledge that if I am employed and any statement I have made is found to be deliberately false or deliberately misleading, I will be liable for instant dismissal.</p> <p>Name: _____ Date: _____</p> <p>Signature: _____</p> |