



Application for Vacancy Form

All persons who are applying for advertised vacancies must complete this form (if not submitted via the on-line process), and attach it as part of their application submission.

The Department of Local Government and Communities is committed to providing a workplace that is free from racial and sexual harassment, that celebrates diversity, and protects the safety and health of its employees and other people within the work place. Employees of the Department are expected to adhere to the guidelines and principles of the Western Australian Public Sector Code of Ethics, the Department's Code of Conduct, and apply the safety procedures and guidelines and equal opportunity principles in performance of work.

| Vacancy Details | | | | | |
|------------------|---|------------------------------------|---------------------------------|-------------------------------|-----------------------------|
| Position Title: | | | | | |
| Position Number: | | | | Level: | |
| Status: | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Casual | | |
| Personal Details | | | | | |
| Title: | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | <input type="checkbox"/> Dr |
| | <input type="checkbox"/> Other: | | | | |
| Family Name: | | | | | |
| Other Names: | | | | Preferred Name: | |
| Contact Address: | | | | | |
| Home Telephone: | | | Work Telephone: | | |
| Mobile: | | | | | |
| Email Address: | | | | | |
| Email Consent: | I agree that the email address supplied may be used for all correspondence. | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| Employment Details | | | |
|---|--|---|---|
| Name of current Employer: | | | |
| Are you currently employed in the WA Public Sector? | | <input type="checkbox"/> Yes. Please complete the remainder of this section. | <input type="checkbox"/> No. Please move to the next section of this form. |
| Position Title: | | | |
| Substantive Level: | | | |
| Employment Status: | | <input type="checkbox"/> Permanent | <input type="checkbox"/> Fixed-term |
| | | <input type="checkbox"/> Casual | |
| If other than 'Permanent' please provide contract expiry date: | | | |
| Severance Information | | | |
| Have you ever taken voluntary severance from the WA Public Sector? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes' please indicate the re-entry date in your letter of severance: | | | |
| Eligibility for Appointment | | | |
| <p>To be eligible for permanent appointment to the WA Public Sector, it is essential that you are an Australian Citizen, or have permanent resident status in Australia.</p> <p>To be eligible for a fixed term appointment, it is essential that you have documentary evidence of your entitlement to live and work in Australia for the duration of the fixed term contract being advertised.</p> | | | |
| Please indicate your current eligibility to work in Australia: | | | |
| <input type="checkbox"/> Australian Citizen | | <input type="checkbox"/> Permanent resident | |
| <input type="checkbox"/> Have a current working visa. Please provide requested details below. | | | |
| Type/Class of visa: | | Working visa expiry date: | |
| Disclosure | | | |
| <p>Any of the following disclosures are not a barrier to the consideration of an application for employment. The information assists us to assess opportunities for your placement in appropriate employment and to allow us to make arrangements to accommodate applicants.</p> <p>If rejection of your application is considered because of a criminal record or health issue, you'll be given the opportunity to discuss the matter fully before a final decision is made.</p> | | | |

| | | | | |
|--|--|-------------------|------------------------------|-----------------------------|
| Health | | | | |
| To the best of your knowledge, are you of sound health? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If 'No' please give details: | | | | |
| Workers' Compensation | | | | |
| Have you ever made a claim for Workers' Compensation? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If 'Yes' please provide the details below. | | | | |
| Employer: | | | | |
| Insurance company: | | | | |
| Approximate Date: | | Nature of injury: | | |
| Criminal Convictions | | | | |
| Note: You do not have to give any details for any conviction which you have had declared spent (<i>Spent Convictions Act 1988</i>). | | | | |
| 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? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If 'Yes' please give details: | | | | |
| Referees | | | | |
| You are asked to nominate two people who are able to confirm your abilities and who can comment on your work experience. At least one referee should be a current or recent line manager. We recommend you check with your referee before nominating them as a contact, as they may be contacted at any time during the selection process. It is your responsibility that the referee is made aware that they have been nominated. | | | | |
| Have you identified and included your referees in your resume? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If 'No' please give details: | | | | |

DECLARATION

* I declare the above statements to be true in all respects. I acknowledge that any statement which is found to be false or deliberately misleading will make me, if employed, liable for dismissal.

I authorise any of my referees, previous employer and their insurers, to provide information and/or records and reports of my employment service and medical and/or claims history to the Department of Local Government and Communities if required.

I understand that appointment to the Department of Local Government and Communities is conditional upon production of an acceptable proof of identity and evidence of entitlement to live and work in Australia for the term of employment.

Name:

Signature

Date

* Applicants who subsequently become aware that information they have provided is false or misleading should immediately bring this to the attention of the selection panel.

Checklist for Applicants

Application for Advertised Vacancy Form is completed and attached to application:

Yes

Application addresses the Selection Criteria/Work Requirements:

Yes

Current Resume is attached:

Yes

Nominated referees are identified in Resume:

Yes

Copies of relevant qualifications are attached (if a requirement for the position):

Yes

Copy of current working visa (if applicable) is attached:

Yes