

## **Application for Advertised Vacancy**

## ALL INFORMATION PROVIDED IN YOUR APPLICATION WILL BE TREATED CONFIDENTIALLY.

Your complete application must be submitted prior to the advertised closing date and time to be considered.

1. ADVERTISED VACA	ANCY DETAILS			
Position Title				
Position/Pool Number				
Level				
2. PERSONAL DETAILS				
□ MR □ I	MRS  MISS	<b>□</b> MS	<b>□</b> DR	
Surname				
First Name				
Preferred Name				
Address				
Suburb				
State				
Post Code				
Telephone (Primary)				
Telephone (Secondary)				
Email Address				
Email Consent	Do you permit to being cont correspondence?	acted via the email su	pplied as a primary method of	
	☐ Yes ☐ No			
3. ELIGIBILITY				
<ul> <li>To be eligible for a <u>permanent appointment</u> to the Western Australian public sector it is essential that you are an Australian citizen or have permanent residency status in Australia.</li> <li>To be eligible for a <u>fixed term appointment</u> you must have documentary evidence of your</li> </ul>				
entitlement to live and	work in Australia for the period	od of the contract.		
Are you an Australian Citizen or permanent resident?		☐ Yes ☐ No		
If you aren't an Australian citizen or permanent resident, have you applied ☐ Yes ☐ No for permanent residency?		☐ Yes ☐ No		
Do you have a working visa? ☐ Yes ☐ No		☐ Yes ☐ No		
If you have a working visa	a, when does it expire:			

4. CURRENT EMPLO	DYMENT
Are you a WA State Gover	rnment employee? ☐ Yes (complete Section A) ☐ No (Complete Section B)
If you have been employed payment?	d in the WA State Government previously, have you ever received a redundancy No
Section A	
Employment Status	☐ Permanent ☐ Fixed Term
Department	
Substantive position title	
Level & increment	
Date appointed	
Section B	
Current employer	
Current position	
Date appointed	
5. <b>REFEREES</b> (please	e provide details of two referees)
Name	
Organisation	
Contact Address	
Telephone	
Email	
Relationship	
Name	
Organisation	
Contact Address	
Telephone	
Email	
Relationship	
6. HEALTH	
<u> </u>	edge and belief do you have a medical condition, disability or injury which may aking the duties of the position you are applying for?
☐ Yes ☐ No	
It is NOT a barrier to considera	ondition, disability or injury are invited to discuss its relevance or otherwise with the panel convenor. Attion of an application for employment. However, if it is likely to affect your work performance or the type of work for which you are applying you must disclose this information.

7. WORKERS COMPENSATION			
Do you have a current or previous Workers Compensation Claim?   Yes No			
If yes, please give details			
I you please give detaile			
A Workers' Compensation Claim is NOT a barrier to the consideration of an application for employment. However, any 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 must be disclosed.			
8. CONVICTIONS			
A criminal record does not necessarily disqualify an applicant. However, it is necessary for you to advise whether you have ever been convicted of any offence in any court; or are currently the subject of any			
charge pending before any court?			
□ Yes □ No			
If yes, please give details			
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 the final decision is made. You are not required to provide details of convictions declared "Spent" under the			
'Spent Convictions Act' 1988.			
NOTE: Offers of employment will be subject to applicants providing a National Police Clearance and appropriate evidence of			
Australian Citizenship, no later than 14 days prior to their commencement. The Housing Authority reserves the right to withdraw the offer of employment where an applicant possesses a conviction that the Housing Authority considers to be at conflict with their			
employment.			
9. 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.			
Signature			
Date			