APPLICATION FOR VACANCY

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| * Please refer to the ‘Application for Vacancy Kit’ for important information you need to apply for a position at PDC. * Documentation in support of your application should be attached. * **Applicants will be advised of the outcome of the process and the four day period of review via email.** | | | | | | | | | | | | | | | | | |
| **ADVERTISED VACANCY DETAILS** | | | | | | | | | | | | | | | | | |
| Reference: |  | | | | | | | | | | | | | | | | |
| Position Title: |  | | | | | | | | | | | | Level: | | |  | |
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| **APPLICANT DETAILS** | | | | | | | | | | | | | | | | | |
| Title: |  | | First Name: | | | | | |  | | | | Last Name: | | |  | |
| Address: |  | | | | | | | | | | | | | | | | |
| Telephone (H): |  | | Telephone (W): | | | | | |  | | | | Mobile: | | |  | |
| Email: |  | | | | | | | | | | | | | | | | |
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| **CURRENT EMPLOYMENT** | | | | | | | | | | | | | | | | | |
| Are you a State Government employee? | Yes | | Employment Status: | | | | | | Permanent  Fixed Term Contract  Full-time  Part-Time  Casual | | | | | | | | |
| Current Agency: | | | | | |  | | | | | | | | |
| Position Title: | | | | | |  | | | | Level, Step | | |  | |
| No | | Current Employer: | | | | | |  | | | | Position Title | | |  | |
| Have you previously received a voluntary severance from the state public sector? | | | | | | | | | Yes, agency & year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No | | | | | | | | |
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| **PERMANENT RESIDENCY** | | | | | | | | | | | | | | | | | |
| * You must be a permanent Australian resident to be appointed to a permanent position at PDC. * Non-permanent residents are eligible for fixed term appointments. * If you were born overseas, you will be required to provide proof of your eligibility to work in Australia. | | | | | | | | | Do you have:  Australian Citizenship  Permanent Residency  Temporary Visa or Work Permit  Type of Visa or Work Permit:  Valid from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_ | | | | | | | | |
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| **REFERENCES** | | | | | | | | | | | | | | | | | |
| 1. First Name: |  | | | | | | | | Surname: | | | |  | | | | |
| Company: |  | | | | | | | | Position: | | | |  | | | | |
| Phone: |  | | | | | | | | Email: | | | |  | | | | |
| 2. First Name: |  | | | | | | | | Surname: | | | |  | | | | |
| Company: |  | | | | | | | | Position: | | | |  | | | | |
| Phone: |  | | | | | | | | Email: | | | |  | | | | |
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| **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 Human Resources prior to appointment. | | | | | | | | | | | | | | | | | |
| Qualification | | | | | | | Institution | | | | | | | | Year | | |
|  | | | | | | |  | | | | | | | |  | | |
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| **Health**  A health condition, disability or injury is NOT a barrier to applying for employment. However, if it is likely to affect your work performance, could recur or be aggravated by the type of work for which you are applying, you must disclose this information.  **To the best of your knowledge and belief, do you have a medical condition, disability or injury that may affect your work performance, could recur or be aggravated by your undertaking the duties of the position for which you are applying?**  No  Yes, please provide details below: | | | | | | | | | | | | | | | | | |
| Nature of condition | | | | | Date of injury, if applicable | | | | | | Any special requirements? | | | | | | |
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| **Workers’ Compensation Claims**  A previous workers’ compensation claim is NOT a barrier to applying for employment. However, any disability or injury likely to affect your work performance or that could be aggravated by the work for which you are applying must be disclosed.  **Have you ever made a claim for workers’ compensation?**  No  Yes, please provide details below: | | | | | | | | | | | | | | | | | |
| Nature of injury | | | | Date of injury | | | | Claim open or closed? | | | | Employer (if applicable) | | | | Insurance company | |
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| **Criminal Convictions**  The Commission reserves the right to request that applicants supply a current police clearance. A criminal record does not necessarily disqualify an applicant. If you are employed by PDC you will be required to advise us of any subsequent investigations, charges or 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 have to give details of any conviction which you have had declared spent (*Spent Convictions Act 1998*) and decisions regarding your employment will not be made based on a spent conviction.)**  No  Yes, please provide details below: | | | | | | | | | | | | | | | | | |
| Nature of conviction | | | | | Date of conviction | | | | | | Place of conviction | | | | | | |
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| **APPLICANT DECLARATION** | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | |
| **Full Name** | |  | | | | **Signature\*** | | | |  | | | | **Date** | | |  |

\* If sending your application via email, you will be asked to sign the application form if you are successful in obtaining an interview.