Senior State Prosecutor 6LG - Pool Ref 6LG

Applicant Personal Details
Title Dr Miss Mr Mr Mrs Ms Professor First Name Middle Names Last Name Preferred Name Phone (Day Time) Phone (Mobile) Email Email Consent
Yes, I understand and agree that the email address supplied above will be used for all correspondence
Postal Address
Address 1 Address 2 Suburb Town State Postcode Country
State restriction of the state
Employment Details
Are you currently employed in the WA public sector? Yes No
If yes, please specify Agency Classification Level
Award
Have you ever received a voluntary severance from the WA public sector? Yes No
If yes, what is your re-entry date on your Deed of Severance