

**APPLICATION FOR ADVERTISED VACANCY**  
**DEPARTMENT OF THE REGISTRAR, WESTERN AUSTRALIAN**  
**INDUSTRIAL RELATIONS COMMISSION**

All persons who are applying for advertised vacancies must complete this application form.

**ADVERTISED VACANCY DETAILS**

<b>Position title:</b>	<b>Position no.:</b>
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**PERSONAL DETAILS**

<b>SURNAME</b> (in block letters please):	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs
<b>Other names:</b>	<input type="checkbox"/>
<b>Mailing address:</b>	<b>Postcode:</b>
<b>Telephone</b> (please tick preferred contact number): <input type="checkbox"/> Private: <input type="checkbox"/> Business: <input type="checkbox"/> Mobile:	
<b>Email address:</b>	

**RESIDENCY STATUS**

Only Australian or New Zealand citizens or Australian permanent residents are eligible for appointment to <b>permanent positions</b> with the Western Australian State Government. Temporary Residents with a valid Working Visa may be appointed to <b>fixed-term</b> (contract) <b>positions</b> . Please confirm your particular work rights with the Australian Department of Immigration and Citizenship ( <a href="http://www.immi.gov.au">http://www.immi.gov.au</a> ) prior to submitting your application for this position.	
<b>Please indicate your residency status:</b>	
<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Temporary Resident with a valid Working Visa (N.B. eligible for fixed term appointments only)

**EMPLOYMENT DETAILS**

<b>1. Current employment</b> (if applicable)		
DATE COMMENCED	POSITION TITLE	EMPLOYER
<b>2. Are you currently a Western Australian State Government employee?</b>		
<input type="checkbox"/> YES (please provide information at point 3, 4 and 5) <input type="checkbox"/> NO (go straight to point 5)		
<b>3. Employment status</b> (current WA State Government employees only):		
<input type="checkbox"/> Permanent <input type="checkbox"/> Fixed Term (full-time or part-time contract) <input type="checkbox"/> Casual		
<b>4. Substantive classified position</b> (current WA State Government employees only)		
* Refer to any periods of Acting in Higher Duties in your Curriculum Vitae		
<b>Position title:</b>		
<b>Department:</b>		
<b>Classification level of substantive position:</b>		
<b>Date appointed to substantive classification level:</b>		
<b>Date appointed to WA State Government</b> (on a permanent or fixed-term basis):		

**5. Summary of recent employment** (please provide full details of your previous employment in your Curriculum Vitae)

DATE COMMENCED/CEASED	POSITION HELD	EMPLOYER	REASON FOR LEAVING
/ / - / /			
/ / - / /			
/ / - / /			

**REFERENCES** (Please provide contact information of two **employment** referees)

<b>Surname</b> (block letters please)		<b>Other names:</b>
<b>Position and organisation</b> (the role in which this person can comment on your suitability for this vacancy):		
<b>Contact ph:</b>	<b>Email address:</b>	
<b>Surname</b> (block letters please)		<b>Other names:</b>
<b>Position and organisation</b> (the role in which this person can comment on your suitability for this vacancy):		
<b>Contact ph:</b>	<b>Email address:</b>	

**QUALIFICATIONS, CERTIFICATES and MEMBERSHIP**

1. Attach copies of results completed and current courses.
2. If qualifications obtained from an education institution outside Australia please provide an assessment of your qualifications from the Secondary Education Authority (Secondary qualifications), Education Department (Tertiary qualifications) or TAFE (Technical qualifications)

<b>Completed courses:</b>	<b>Date completed:</b>
<b>Current courses:</b>	<b>Expected completion date</b>
<b>Membership of any Professional Institutions (Show initials only, e.g. A.A.S.A., etc)</b>	

**SUPPLEMENTARY DETAILS****HEALTH**

I am fit to perform the duties of the advertised position:

☐ YES☐ NO

If "NO" please give details: .....

Applicants who have a health condition are invited to discuss its relevance with the selection panel.

**WORKERS COMPENSATION CLAIMS**

A previous workers' compensation claim is NOT a barrier to the consideration of an application for employment. However, to assist in assessing opportunities for your placement in appropriate employment, please indicate if you have ever made a claim for Workers' Compensation.

☐ YES☐ NO

If "YES" please give details: .....

**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 need to give details of any conviction which you have had declared spent (Spent Convictions Act 1988).

☐ YES☐ NO

If "YES" please give details: .....

A criminal record does not necessarily disqualify an applicant. 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 a final decision is made.

### **EQUAL EMPLOYMENT OPPORTUNITY – OPTIONAL (for statistical purposes only)**

This department is committed to providing quality service to meet the diverse needs of our clients and to provide a workplace where diversity is valued and all employees have equal employment opportunity. Having information on the diversity of our workforce allows us to develop appropriate programs for achieving a workforce that will best meet the diverse needs of our client groups. **Information about your cultural background is important to us. However, it is not compulsory to answer all questions. Any information you provide us with will be held in the strictest confidence and will not be used for any other purpose than that stated. Identification with any group will not disadvantage your application in any way.**

In which country were you born?

☐ Australia ☐ Other.....(please specify)

Do you speak a language other than English at home?

☐ No, English only ☐ Other ..... (please specify)

Which language did you first speak as a child?

☐ English ☐ Other .....(please specify)

Are you of Australian Aboriginal and/or Torres Strait Islander origin? Please indicate which:

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

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

Signature

:

Date:

**OR** Please tick box if completing this form online ☐

It is essential that you attach sufficient information to demonstrate your claim to this position (refer to the instructions in advertisement and the Information for Applicants). Please also attach a copy of your current curriculum vitae and any other information requested in the advertisement. **Applicants must provide sufficient information for the panel to easily assess their suitability.**

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#### **ACKNOWLEDGEMENT SLIP** **TO BE COMPLETED BY THE APPLICANT IF CONFIRMATION OF RECEIPT REQUIRED**

You application for position no. \_\_\_\_\_ has been received.

Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_