



Application for Employment Form - Cleaner

| PERSONAL DETAILS | | | |
|-------------------|--|---------------------|--|
| Title: | | Surname: | |
| Other names: | | | |
| Address: | | | |
| Suburb: | | Post Code: | |
| Telephone (home): | | Telephone (mobile): | |
| Email: | | | |

| FIRST REFEREE DETAILS | | | |
|----------------------------|--|------------|--|
| Organisation: | | | |
| Name: | | | |
| Position Title: | | | |
| Day Time Telephone Number: | | | |
| Relationship to you: | | | |
| Email: | | | |
| Address: | | | |
| Suburb: | | Post Code: | |

| SECOND REFEREE DETAILS | | | |
|----------------------------|--|------------|--|
| Organisation: | | | |
| Name: | | | |
| Position Title: | | | |
| Day Time Telephone Number: | | | |
| Relationship to you: | | | |
| Email: | | | |
| Address: | | | |
| Suburb: | | Post Code: | |

WA GOVERNMENT EMPLOYMENT DETAILS

| | | | |
|--|--|---|--|
| Are you currently employed in the WA public sector? | | If yes, please specify Agency: | |
| Classification Level | | Award: | |
| Have you ever received a voluntary severance from the WA public sector | | If yes, what is your re-entry date on your Deed of Severance: | |

DETAILS OF CURRENT POSITION

| | | | |
|---------------------------|--|---------------|--|
| Start date of employment: | | Organisation: | |
| Position Title: | | | |
| Work Type: | | | |
| Main duties: | | | |

DETAILS OF PREVIOUS POSITION

| | | | |
|---------------------------|--|---------------|--|
| Start date of employment: | | Organisation: | |
| Position Title: | | | |
| Work Type: | | | |
| Main duties: | | | |

RESIDENCY

| | |
|--|--|
| Are you an Australian or New Zealand citizen or permanent resident? | |
| If you are not an Australian or New Zealand Citizen or Australian Permanent Resident, have you applied for permanent residency or a temporary work visa? | |

DECLARATIONS

| | |
|---|--|
| Do you currently hold a valid WWCC or are you willing to obtain one? All employees in public schools must obtain and hold a current Working With Children Check (WWCC) card. If you do not already have a card you will be required to apply for one within 5 days of starting at your school (the form needs to be signed by your school). <i>Further information regarding WWCC may be obtained at www.checkwwc.wa.gov.au</i> | |
| Do you have a medical condition or disability that may need to be considered when undertaking the duties of the position you have applied for? | |
| Have you made a previous Worker's Compensation Claim? If you have, this is not a barrier to the consideration of an application for employment, however, it will assist in assessing opportunities to place you in appropriate employment. | |

ROLE REQUIREMENTS

Have you completed any formal or recognised training in school or commercial cleaning?

Please Note: Successful Applicants will be required to attend relevant training courses relating to your employment as a cleaner and will be required to reach a satisfactory standard in all training courses.

Have you completed a Department of Education's Cleaner Induction Training Course?

If you answered yes to either of the above questions, please attach copies of certificates.

Please select areas where you have had previous cleaning experience:

☐ Commercial

☐ School

Please select surfaces in which you have regular/daily experience cleaning:

☐ Carpets

☐ Vinyls

☐ Ceramics

☐ Wood

☐ Concrete

☐ Glass

Please select surfaces in which you have occasional/ad-hoc experience cleaning:

Please select areas where you have had previous cleaning experience.

☐ Commercial

☐ School

Can you identify a material safety data sheet?

Are you familiar with the personal protective equipment associated with cleaning?

Are you familiar with the use of the cleaning chemicals outlined below?

☐ Vinyl floor stripper

☐ Toilet floor/bowl cleaner

☐ Spray and wipe

☐ Glass cleaner

☐ Disinfectants/sanitiser

☐ General purpose detergent

Have you used or operated the machinery listed below?

☐ Back pack vacuum

☐ Wet/dry vacuum

☐ Suction polisher

☐ Pressure cleaner

☐ Extraction shampooer

☐ Air broom/blower

DECLARATION

I declare that to the best of my knowledge and belief all the foregoing statements are true and that I have not withheld any relevant information.

I understand that by virtue of section 79 of the Workers' Compensation and Rehabilitation Act 1981, a future claim for workers' compensation may be in jeopardy if I fail to divulge relevant information about my past or present medical history that may impact upon my employment.

I consent to a medical examination, if required by the employer, to be carried out by a medical practitioner of the employer's choice, with the fee incurred in having to attend the examination being paid by the employer.

I acknowledge that if I am employed and any statement I have made is found to be deliberately false or deliberately misleading, I will be liable for instant dismissal.

Name:

Date:

Signature: