



# APPLICATION FORM

<b>ADVERTISED VACANCY DETAILS</b>	POSITION TITLE:		Web Search No:	Level:	
	AGENCY:				
<b>PERSONAL DETAILS</b>	SURNAME:		Title:		
	FIRST NAME:	OTHER NAMES:			
	ADDRESS FOR NOTIFICATION:		TELEPHONE NUMBER:		
	Post Code:		Home:		
	EMAIL ADDRESS:		Mobile:		
			Business:		
	Are you an Australian Citizen or permanent resident of Australia?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have a temporary working Visa? <i>please state expiry date</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, please attach a copy to this application.		Expiry Date	/ /		
<b>EMPLOYMENT DETAILS</b>	1. Are you currently employed in the West Australian Public Sector?		Yes <input type="checkbox"/>	<i>If Yes Please Complete questions 2 3 &amp; 4</i>	
			No <input type="checkbox"/>		
	2. Have you received a voluntary severance payment from the State Public Sector? <i>State Department.</i>		Yes <input type="checkbox"/>	When: / /	
			No <input type="checkbox"/>	Department:	
3. Please indicate your current employment status:		<div style="border: 1px solid black; padding: 2px;">           Select Employment Type <span style="float: right;">▼</span> </div>			
4. Substantive position: <i>(do not list acting positions)</i>		Position Title: ..... Department: ..... Classification: ..... Level: .....			

<b>DECLARATION</b>	I declare the statements made in this application form 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.	
	/ /	Date
	Signature of Applicant <i>(or just type your name when submitted electronically)</i>	



<b>HEALTH/WORKER'S COMPENSATION CLAIMS</b>	Have you, to the best of your knowledge had a medical condition, or ever made a claim for Worker's Compensation that may preclude you from undertaking the duties of this position?	
	A medical condition or disability is <b>NOT</b> a barrier to the potential offer of employment within the public sector. However, to assist in assessing opportunities for placement, please indicate whether you have a disability or injury likely to affect your work performance or that requires special consideration/needs.	
	<b>Yes</b> <i>(If "Yes", please provide details)</i>	
	<b>No</b>	<input type="checkbox"/>
<b>CRIMINAL CONVICTIONS</b>	Do you have any current criminal convictions for any offences from any court, or are you currently the subject of any charge pending before any court?	
	<b>Yes</b> <i>(If "Yes", please provide details)</i>	
	<b>No</b>	
		<input type="checkbox"/>
You do not need to give details for any conviction which you have had declared spent (West Australian Spent Convictions Act 1988). 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.		

<b>CHECKLIST FOR APPLICANT</b>	<input type="checkbox"/>	Application Form is completed and attached to application
	<input type="checkbox"/>	Application addresses the Work Related Requirements
	<input type="checkbox"/>	Current Resume is attached
	<input type="checkbox"/>	Copies of relevant qualifications are attached
	<input type="checkbox"/>	Copy of current working visa <i>(if applicable)</i> is attached
	<input type="checkbox"/>	Additional information in support of this application is attached – <b><u>please do not provide originals</u></b>
	<input type="checkbox"/>	When applying electronically, please use PDF or Word format

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**ACKNOWLEDGEMENT SLIP**

**To be completed by applicant if returning by hand delivery, mail or fax ONLY. If not completed by applicant this slip will not be mailed back to you.**

Your application for \_\_\_\_\_ has been received

Position Number \_\_\_\_\_ Position Title \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

<b>Office use only</b>
Received
Time: .....
Date: / /