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| Application for Advertised Vacancy |
| ALL INFORMATION PROVIDED IN YOUR APPLICATION WILL BE TREATED CONFIDENTIALLY. |
| Your complete application must be submitted prior to the advertised closing date and time to be considered. |

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| 1. **ADVERTISED VACANCY DETAILS**
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| Position Title |  |
| Position/Pool Number |  |
| Level |  |

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| 1. **PERSONAL DETAILS**
 |
|  MR |  MRS |  MISS |  MS |  DR |
| Surname |  |
| First Name |  |
| Preferred Name |  |
| Address  |  |
| Suburb |  |
| State |  |
| Post Code |  |
| Telephone (Primary) |  |
| Telephone (Secondary) |  |
| Email Address |  |
| Email Consent | Do you permit to being contacted via the email supplied as a primary method of correspondence?  Yes  No |

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| 1. **ELIGIBILITY**
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| * To be eligible for a permanent appointment to the Western Australian public sector it is essential that you are an Australian citizen or have permanent residency status in Australia.
* To be eligible for a fixed term appointment you must have documentary evidence of your entitlement to live and work in Australia for the period of the contract.
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| Are you an Australian Citizen or permanent resident? |  Yes  No |
| If you aren't an Australian citizen or permanent resident, have you applied for permanent residency? |  Yes  No |
| Do you have a working visa? |  Yes  No |
| If you have a working visa, when does it expire: |  |

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| 1. **CURRENT EMPLOYMENT**
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| Are you a WA State Government employee?  Yes (complete Section A)  No (Complete Section B) |
| If you have been employed in the WA State Government previously, have you ever received a redundancy payment?  Yes  No |
| **Section A** |
| Employment Status |  Permanent  Fixed Term  |
| Department |  |
| Substantive position title |  |
| Level & increment |  |
| Date appointed |  |
| **Section B** |
| Current employer |  |
| Current position |  |
| Date appointed |  |

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| 1. **REFEREES** (please provide details of two referees)
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| Name |  |
| Organisation |  |
| Contact Address |  |
| Telephone |  |
| Email |  |
| Relationship |  |
| Name |  |
| Organisation |  |
| Contact Address |  |
| Telephone |  |
| Email |  |
| Relationship |  |

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| 1. **HEALTH**
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| To the best of your knowledge and belief do you have a medical condition, disability or injury which may preclude you from undertaking the duties of the position you are applying for? Yes  No |
| Applicants who have a health condition, disability or injury are invited to discuss its relevance or otherwise with the panel convenor. It is NOT a barrier to consideration of an application for employment. However, if it is likely to affect your work performance or could recur or be aggravated by the type of work for which you are applying you must disclose this information. |

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| 1. **WORKERS COMPENSATION**
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| Do you have a current or previous Workers Compensation Claim?  Yes  No |
| If yes, please give details |
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| A Workers’ Compensation Claim is NOT a barrier to the consideration of an application for employment. However, any disability or injury likely to affect your work performance or which could recur or be aggravated by the type of work for which you are applying must be disclosed. |

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| 1. **CONVICTIONS**
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| A criminal record does not necessarily disqualify an applicant. However, it is necessary for you to advise whether you have ever been convicted of any offence in any court; or are currently the subject of any charge pending before any court? Yes  No |
| If yes, please give details |
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| 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 the final decision is made. You are not required to provide details of convictions declared “Spent” under the ‘Spent Convictions Act’ 1988.**NOTE:** Offers of employment will be subject to applicants providing a National Police Clearance and appropriate evidence of Australian Citizenship, no later than 14 days prior to their commencement. The Agency reserves the right to withdraw the offer of employment where an applicant possesses a conviction that the Agency considers to be at conflict with their employment. |

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| 1. **DECLARATION**
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| I declare the above statements to be true in all respects. I acknowledge that any statement which is found to be false or deliberately misleading will make me, if employed, liable for dismissal. |
| Signature |  |
| Date |  |