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| Parliament Of Western Australia |
| *The information contained in this form is confidential and details will not be divulged to any person outside the selection process without the applicant’s authority.**The form should be completed fully and signed at the bottom of the second page.* |



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| Application For Employment Form |
|  |
| **Advertised****Vacancy****Details** | Position Applied For: |  |
|  | Department/Unit: |  |
|  |
| **Personal****Details** | Surname: |  | Mr | [ ]  | Miss | [ ]  | Mrs | [ ]  |
|  |  |  | Ms | [ ]  | Dr | [ ]  | Other | [ ]  |
|  | Other Names: |  |
|  | Address: |  | Telephone Numbers: |
|  |  | Mobile: |  |
|  |  | Home: |  |
|  | State: |  | Post Code: |  | Business: |  |
|  | Are you amenable to receiving calls on your business number? | Yes | [ ]  | No | [ ]  |
|  | Email Address: |
|  | Are you an Australian Citizen or permanent resident of Australia? | Yes | [ ]  | No | [ ]  |
|  |
| **Recruitment****Source** | Where did you see this vacancy advertised? |
|  | Parliament Web Site | [ ]  | The West Australian | [ ]  | WA Job Board | [ ]  | Seek Web Site | [ ]  |
|  |
| **Business****Referees****(Two Required)** | **Referee One** |
|  | Name of Referee: |  |
|  | Referee’s Position: |  |
|  | Relationship: |  |
|  | Company: |  |
|  | Address: |  |
|  |  |
|  | Telephone: | W: |  |
|  |  | M: |  |
|  |  |
|  | **Referee Two** |
|  | Name of Referee: |  |
|  | Referee’s Position: |  |
|  | Relationship: |  |
|  | Company: |  |
|  | Address: |  |
|  |  |  |
|  | Telephone: | W: |  |
|  |  | M: |  |
|  | *Referees will not be contacted without the applicant’s permission and the applicant will be advised prior to checks being carried out. Previous immediate supervisors are required, if possible.* |
|  |
| **Employment****Present****or****Last Position** | Company: |  |
|  | Address: |  |
|  |  | Post Code: |  |
|  | Position Title: |  | Responsible to: |  |
|  | Key responsibilities (list key duties) |
|  | **1.** |  |
|  | **2.** |  |
|  | **3.** |  |
|  | **4.** |  |
|  | **5.** |  |
|  | Employed from: |  | To: |  |
|  | Why are you applying for this position? |  |
|  |  |
|  |  |
|  |  |
|  | When are you available to commence? |
|  |
| **Public Sector Employment Only** | **1.** Are you currently employed in the West Australian Public Sector? | [ ]  | Yes |  | No |  [ ]  |
|  | **2.** Please indicate your employment status: | Permanent | [ ]  | Casual | [ ]  | Contract | [ ]  |
|  |
| **Health/Workers****Compensation****Claims** | *A medical condition, disability or previous Workers Compensation claim is* ***NOT*** *a barrier to the potential offer of employment in the Parliament of Western Australia. However, to assist in assessing opportunities for placement, please indicate whether you have any limitations likely to affect your work performance or that requires special consideration/needs.* |
|  | Injury | [ ]  | Disability | [ ]  | Workers Compensation Claim | [ ]  |
|  | **Yes** - If yes, please provide details: |  |
|  |  |
|  | **No**  | [ ]  |
|  |
| **Criminal****Convictions** | Do you have any criminal convictions for any offences from any court, or are you currently the subject of any charge pending before any court? |
|  | **Yes** - If yes, please provide details: |  |
|  |  |
|  | **No** | [ ]  |
|  | *You do not need to give details for any conviction which you have 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 this matter fully before a final decision is made.* |
|  |
| **Declaration** | 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 of Applicant |  | Date |
|  |
| **Applicant****Checklist** |  |
|  | [ ]  | Application for Employment Form is completed and attached to application. |
|  | [ ]  | Statement addressing the Selection Criteria in the Job Description Form is attached to application. |
|  | [ ]  | Current Resume is attached to application. |
|  | [ ]  | Copies of relevant qualifications are attached to application. |
|  | [ ]  | Additional information in support of the application is attached - please do not provide originals. |