



Application for Employment Form Level 1 Assistant Gardener/Handyperson

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify Agency:	
Classification Level		Award:	
Have you ever received a voluntary severance from the WA public sector?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is your re-entry date on your Deed of	

ELIGIBILITY**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).

Further information regarding WWCC may be obtained at www.checkwwc.wa.gov.au

Yes No

Have you, or are you willing to consent to a criminal records screening?

All employees of the Department of Education are required to undergo a Nationally Coordinated Criminal History Check through the Department's Screening Unit before commencement.

Further information regarding criminal screening may be obtained at

Yes No

DETAILS OF CURRENT POSITION

Start date of employment:		Organisation	
Position Title:			
Work Type (i.e Permanent, Fixed Term, Part-time, Full-time, Casual):			
Main duties:			

DETAILS OF PREVIOUS POSITION(S) – List most recent first

Start date of employment:		Organisation	
Position Title:			
Work Type (i.e Permanent, Fixed Term, Part-time, Full-time, Casual):			
Main duties:			
Start date of employment:		Organisation	
Position Title:			
Work Type (i.e Permanent, Fixed Term, Part-time, Full-time, Casual):			
Main duties:			

RESIDENCY

Are you an Australian or New Zealand citizen or permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DECLARATIONS

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you previously made a 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, to any of the above questions, please provide further details		

ROLE REQUIREMENTS

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

If you answered yes, please attach copies of certificates.

Yes

No

Please indicate areas of knowledge:

- Safe Working Practices
- Identifying different plant groups

Please indicate areas of experience:

- Developing garden beds
- Marking sporting areas
- Maintaining horticultural equipment
- Maintaining the growing environment for landscapes
- Carrying out minor repairs and maintenance in line with general handyperson duties

List the different types of lawns and the requirements to maintain healthy lawn/turf.

List the machinery you have operated and how you maintained it.

List any chemicals that you have used and describe how they should be applied and stored safely.

Please state any additional skills or knowledge that you have which you feel will be useful in this role.

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: *(Please Print)*

Date:

Signature: