

Application for: **Senior Medical Receptionist 011874, Department of Justice**

1. Department of Justice

How did you first become aware of this vacancy?

Tick your response(s)

- Department of Corrective Services Website
- Seek
- CareerOne
- The West Australian
- The Australian
- The Sunday Times
- Other (please specify)
- Flyer/Notice Board (please specify)
- Information Session
- Personal Contact / Word of mouth
- Jobsearch
- Radio
- Expo (please specify)
- Govt Job Board
- Community Newspaper (Metro)
- Community Newspaper (Regional)
- Department of Corrective Services Website JobsWA Community

Details:

Are you of Aboriginal descent?

Tick your response(s)

- Yes
- No

Are you of Torres Strait Islander descent?

Tick your response(s)

- Yes
- No

Permanent Residency is a pre-requisite for appointment to permanent staff. Non-permanent residents who have a working visa are eligible for fixed term appointments.

Are you an Australian citizen or permanent resident?

Tick your response(s)

- Yes
- No

What is the type of visa?

What is the visa expiry date?

____________ (dd \ mm \ yyyy)

As a condition of employment you maybe required to undergo formal verification of your right to work in Australia from the Department of Immigration and Citizenship. Will you consent to such screening?

Tick your response(s)
 Yes
 No

Applicants identified as working in child-related work, as defined by the Working With Children (Criminal Record Checking) Act 2004 require Working with Children Checks. Will you consent to such screening?

Tick your response(s)
 Yes
 No

The Department requires as a condition of employment, that you undergo formal Criminal Records Screening and an Integrity assessment. Will you consent to such a screening?

Tick your response(s)
 Yes
 No

The following declarations are NOT a barrier to being considered for employment. This information is requested in order for any necessary adjustments that may need to be made in terms of progressing an applicant through the process and as a duty of care to potential employees in regard to safety in the workplace.

To the best of your knowledge and belief, do you have any medical conditions, injuries or disabilities, which may impact on your ability to undertake the essential requirements of the position you are applying for?

Tick your response(s)
 Yes
 No
 Choose not to answer

To the best of your knowledge and belief, do you have, or have you had, any medical conditions, injuries or disabilities which is likely to be aggravated or recur if you undertake the essential requirements of the position you are to apply for?

Tick your response(s)
 Yes
 No
 Choose not to answer

If you have answered YES to either or both of the above questions, please provide details and advise if there are any adjustments that can be made to accommodate you.

If applying on-line, please send your application including all attachments up to 2 Megabytes per attachment, using either word (.doc, .docx) or PDF (.pdf) format. If the attachments are password protected or corrupted your application may be jeopardised.

By submitting this application I am declaring all statements in the application to be true and correct, to the best of my knowledge, at the time it was submitted. I acknowledge that the information I am providing will be relied on in assessing my application and that, if I am appointed to this position, any significant information that is found to be false or misleading may make me liable for disciplinary action including possible dismissal.

Signature