|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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? | | Yes  No | If yes, please specify Agency: | | |  |
| Classification Level | |  | Award: | | |  |
| Have you ever received a voluntary severance from the WA public sector? | | Yes  No | If yes, what is your re-entry date on your Deed of Severance: | | |  |

|  |  |
| --- | --- |
| **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*](http://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* [*www.education.wa.edu.au/screening*](http://www.education.wa.edu.au/screening) | 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? | Yes  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? | Yes  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? | | Yes  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. | | Yes  No |
| If you have answered yes to either of these questions, please provide details: |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **ROLE REQUIREMENTS** | | | |
| Have you completed any formal or recognised training in school or commercial cleaning?  Please Note: Successful Applicants will be required to attend relevant training courses relating to your employment as a cleaner and will be required to reach a satisfactory standard in all training courses. | | | Yes  No |
| Have you completed a Department of Education’s Cleaner Induction Training Course? | | | Yes  No |
| If you answered yes to either of the above questions, please attach copies of certificates. | | | |
| Do you speak a language other than English at home? | | | Yes  No |
| Please select areas where you have had previous cleaning experience: | | Commercial  School | |
| Please select surfaces in which you have regular/daily experience cleaning: | Carpets  Vinyls  Ceramics  Wood  Concrete  Glass | | |
| Please select surfaces in which you have occasional/ad-hoc experience cleaning: | Carpets  Vinyls  Ceramics  Wood  Concrete  Glass | | |
| Can you identify a Material Safety Data Sheet? | | | Yes  No |
| Are you familiar with the personal protective equipment associated with cleaning? | | | Yes  No |
| Are you familiar with the use of the cleaning chemicals outlined below? | Vinyl floor stripper  Toilet floor/bowl cleaner  Spray and wipe  Glass cleaner  Disinfectants/sanitisers  General purpose detergent | | |
| Have you used or operated the machinery listed below? | Back pack vacuum  Wet/dry vacuum  Suction polisher  Pressure cleaner  Extraction shampooer  Air broom/blower | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: |  | | | |