



## Application for Employment Form - Cleaner

| 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<br><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<br><input type="checkbox"/> 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?<br>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. |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No     |
| Have you completed a Department of Education's Cleaner Induction Training Course?   |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> 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?   |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No     |
| Please select areas where you have had previous cleaning experience:  |  | <input type="checkbox"/> Commercial  | <input type="checkbox"/> School |
| Please select surfaces in which you have regular/daily experience cleaning:   | <input type="checkbox"/> Carpets<br><input type="checkbox"/> Ceramics<br><input type="checkbox"/> Concrete                                   | <input type="checkbox"/> Vinyls<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Glass   |                                 |
| Please select surfaces in which you have occasional/ad-hoc experience cleaning:   | <input type="checkbox"/> Carpets<br><input type="checkbox"/> Ceramics<br><input type="checkbox"/> Concrete                                   | <input type="checkbox"/> Vinyls<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Glass   |                                 |
| Can you identify a Material Safety Data Sheet?  |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No     |
| Are you familiar with the personal protective equipment associated with cleaning?   |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No     |
| Are you familiar with the use of the cleaning chemicals outlined below?   | <input type="checkbox"/> Vinyl floor stripper<br><input type="checkbox"/> Spray and wipe<br><input type="checkbox"/> Disinfectants/sanitiser | <input type="checkbox"/> Toilet floor/bowl cleaner<br><input type="checkbox"/> Glass cleaner<br><input type="checkbox"/> General purpose detergent |                                 |
| Have you used or operated the machinery listed below?   | <input type="checkbox"/> Back pack vacuum<br><input type="checkbox"/> Suction polisher<br><input type="checkbox"/> Extraction shampooer      | <input type="checkbox"/> Wet/dry vacuum<br><input type="checkbox"/> Pressure cleaner<br><input type="checkbox"/> 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: