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| **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: |  |

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| **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 |

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| **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: |  |

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| **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 |

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| **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: |  |

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| **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 |

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| **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: |        |