



# Application for Employment Form - Level 2 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 Severance:	

ELIGIBILITY	
<p><b>Do you currently hold a valid WWCC or are you willing to obtain one?</b></p> <p>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 <a href="http://www.education.wa.edu.au/wwc">www.education.wa.edu.au/wwc</a></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Have you, or are you willing to consent to a criminal records screening?</b></p> <p>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 <a href="http://www.education.wa.edu.au/ncchc">www.education.wa.edu.au/ncchc</a></p>	<input type="checkbox"/> Yes <input type="checkbox"/> 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

**All applicants are required by law to disclose any significant medical declarations prior to commencing employment.**

If you have a disability and require workplace adjustments to assist your employment, you can discuss accommodations you require with the hiring manager or principal if you are offered employment.

Do you have a current/active worker's compensation claim with the Department of Education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a current/active worker's compensation claim/s with another employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have answered 'Yes', please attach a copy of your most recent progress medical certificate/s along with this application.		

## ROLE REQUIREMENTS

Have you completed any formal or recognised training in school or commercial gardening? If you answered yes, please attach copies of certificates.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you previously worked without supervision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please indicate areas of knowledge:	<input type="checkbox"/> Safe Working Practices <input type="checkbox"/> Identifying different plant groups <input type="checkbox"/> Landscape principles and practices <input type="checkbox"/> Turf management <input type="checkbox"/> Practical safe use of hand tools & motorised equipment
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Please indicate areas of experience:	<input type="checkbox"/> Developing garden beds <input type="checkbox"/> Marking sporting areas <input type="checkbox"/> Maintaining horticultural equipment <input type="checkbox"/> Maintaining the growing environment for landscapes <input type="checkbox"/> Carrying out minor repairs and maintenance in line with general handyperson duties
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List the different types of lawns and the requirements to maintain healthy lawn/turf.	
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List the machinery you have operated and how you maintained it.	
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List any chemicals that you have used and describe how they should be applied and stored safely.	
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Please state any additional skills or knowledge that you have which you feel will be useful in this role.	
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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: