



# Application for Employment Form - Cleaner

## PERSONAL DETAILS

<b>Title:</b>		<b>Surname:</b>	
<b>Other names:</b>			
<b>Address:</b>			
<b>Suburb:</b>		<b>Post Code:</b>	
<b>Telephone (home):</b>		<b>Telephone (mobile):</b>	
<b>Email:</b>			

## FIRST REFEREE DETAILS

<b>Organisation:</b>			
<b>Name:</b>			
<b>Position Title:</b>			
<b>Day Time Telephone Number:</b>			
<b>Relationship to you:</b>			
<b>Email:</b>			
<b>Address:</b>			
<b>Suburb:</b>		<b>Post Code:</b>	

## SECOND REFEREE DETAILS

<b>Organisation:</b>			
<b>Name:</b>			
<b>Position Title:</b>			
<b>Day Time Telephone Number:</b>			
<b>Relationship to you:</b>			
<b>Email:</b>			
<b>Address:</b>			
<b>Suburb:</b>		<b>Post Code:</b>	

## 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:	
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Classification Level		Award:	
Have you ever received a voluntary severance from the	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is your re-entry date on your Deed of	

### 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).

Yes       No

*Further information regarding WWCC may be obtained at [www.checkwwc.wa.gov.au](http://www.checkwwc.wa.gov.au)*

**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.

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?	<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

## 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		<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	<input type="checkbox"/> Vinyls	
	<input type="checkbox"/> Ceramics	<input type="checkbox"/> Wood	
	<input type="checkbox"/> Concrete	<input type="checkbox"/> Glass	
Please select surfaces in which you have occasional/ad-hoc experience cleaning:	<input type="checkbox"/> Carpets	<input type="checkbox"/> Vinyls	
	<input type="checkbox"/> Ceramics	<input type="checkbox"/> Wood	
	<input type="checkbox"/> Concrete	<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	<input type="checkbox"/> Toilet floor/bowl cleaner	
	<input type="checkbox"/> Spray and wipe	<input type="checkbox"/> Glass cleaner	
	<input type="checkbox"/> Disinfectants/sanitisers	<input type="checkbox"/> General purpose detergent	
Have you used or operated the machinery listed below?	<input type="checkbox"/> Back pack vacuum	<input type="checkbox"/> Wet/dry vacuum	
	<input type="checkbox"/> Suction polisher	<input type="checkbox"/> Pressure cleaner	
	<input type="checkbox"/> Extraction shampooer	<input type="checkbox"/> Air broom/blower	

## DECLARATION

By signing this, I am declaring all statements in this 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 a position, any significant information that is found to be false or misleading may make me liable for disciplinary action including possible dismissal.

**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: