



Application for Employment Form - Level 1 Assistant 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>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). <i>Further information regarding WWCC may be obtained at</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>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. <i>Further information regarding criminal screening may be obtained at</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DETAILS OF CURRENT POSITION

Start date of employment:		Organisation:	
Position Title:			
Work Type (<i>i.e Permanent, Fixed Term, Part-time, Full-time, Casual</i>):			
Main duties:			

DETAILS OF PREVIOUS POSITION(S) - List most recent first

Start date of employment:		Organisation:	
Position Title:			
Work Type (<i>i.e Permanent, Fixed Term, Part-time, Full-time, Casual</i>):			
Main duties:			
Start date of employment:		Organisation:	
Position Title:			
Work Type (<i>i.e Permanent, Fixed Term, Part-time, Full-time, Casual</i>):			
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 gardening?

Yes
 No

If you answered yes, please attach copies of certificates

Please indicate areas of knowledge:

- Safe Working Practices
- Identifying different plant groups

Please indicate areas of experience:

- Developing garden beds
- Marking sporting areas
- Maintaining horticultural equipment
- Maintaining the growing environment for landscapes
- Carrying out minor repairs and maintenance in line with general

List the different types of lawns and the requirements to maintain healthy lawn/turf.

List the machinery you have operated and how you maintained it.

List any chemicals that you have used and describe how they should be applied and stored safely.

Please state any additional skills or knowledge that you have which you feel will be useful in this role.

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: