



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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is your re-entry date on your	

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

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

Yes
 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	<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		<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/sanitiser/detergent	<input type="checkbox"/> General purpose
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: