

## 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 th WA public sector?	ne Yes No	If yes, ple	ease 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:						
ELIGIBILITY								
Do you currently hold a valid WWC All employees in public schools must (WWCC) card. If you do not already days of starting at your school (the for Further information regarding WWCC)	☐ 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 <a href="https://www.education.wa.edu.au/screening">www.education.wa.edu.au/screening</a>					☐ No			
DETAILS OF CURRENT POSITION								
Start date of employment:		Organisation						
Position Title:		1.						
Work Type (i.e Permanent, Fixed Term, Part-time, Full-time, Casual):								
Main duties:								
DETAILS OF PREVIOUS POSITION	I(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 Tell Casual):	rm, Part-time, Fu	II-time,						
Main duties:								
RESIDENCY								
Are you an Australian or New Zealand citizen or permanent resident?					☐ 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?					☐ No			



ROLE REQUIREMENTS							
Have you completed any formal or recognised to Please Note: Successful Applicants will be required your employment as a cleaner and will be required courses.	☐ Yes	☐ No					
Have you completed a Department of Education	☐ 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		☐ Yes	☐ No				
Please select areas where you have had previo	☐ Com	mercial	School				
Please select surfaces in which you have regular/daily experience cleaning:	Carpets Ceramics Concrete	Vinyls Wood Glass					
Please select surfaces in which you have occasional/ad-hoc experience cleaning:	Carpets Ceramics Concrete	Vinyls Wood Glass					
Can you identify a Material Safety Data Sheet?	☐ Yes	☐ No					
Are you familiar with the personal protective equ		☐ Yes	☐ No				
re you familiar with the use of the cleaning Spray and wipe Glass			floor/bowl cleaner cleaner al purpose detergent				
listed below?				ry vacuum ure cleaner om/blower			
DECLARATION		la a la a a da a d		lane at the time of			
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.							
Namo: (Plagga Print)							
Name: (Please Print)  Date:							
Signature:							

