Department of Education

GOVERNMENT OF WESTERN AUSTRALIA

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 public sector?	☐ Yes ☐ No	If yes, please 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 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). *Further information regarding WWCC may be obtained at www.checkwwc.wa.gov.au*	☐ 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 www.education.wa.edu.au/screening*	☐ 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?	☐ Yes	☐ 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?	☐ Yes	☐ 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 relating to your employment as a cleaner and will be required to reach a satisfactory standard in all training courses.	☐ Yes	☐ No
Have you completed a Department of Education's Cleaner Induction Training Course?	☐ 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 home?	☐ Yes	☐ No
Please select areas where you have had previous cleaning experience:	☐ Commercial	☐ 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 equipment associated with cleaning?	☐ Yes	☐ No
Are you familiar with the use of the cleaning chemicals outlined below?	☐ Vinyl floor stripper ☐ Spray and wipe ☐ Disinfectants/sanitisers	☐ Toilet floor/bowl cleaner ☐ Glass cleaner ☐ General purpose detergent
Have you used or operated the machinery listed below?	☐ Back pack vacuum ☐ Suction polisher ☐ Extraction shampooer	☐ Wet/dry vacuum ☐ Pressure cleaner ☐ 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: