



Application for Employment Form - Education Assistant

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**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.education.wa.edu.au/wwc

☐ 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/ncchc

☐ Yes☐ No**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**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: