Application Form

Retailer Training Officer - 25/160

Applicant Personal Details

Title

☐ Dr ☐ Miss ☐ Mr ☐ Mrs ☐ Ms ☐ Professor

First Name

Middle Names

Last Name

Preferred Name

Phone (Day Time)

Phone (Mobile)

Email

Email Consent

☐ Yes, I understand and agree that the email address supplied above will be used for all correspondence

Postal Address

Address 1

Address 2

Suburb Town

State

Postcode

Country

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