



GOVERNOR'S ESTABLISHMENT

Employment Application Form

Important Notes:

1. No late applications will be accepted.
2. All applicants are advised to address the selection criteria as stated in the advertisement unless otherwise directed.

Vacancy Details	Position Title:		Position Number:		
	Last Name:		Given Names:		Title:
Personal Details	Home Address:				
	Suburb:		State:	Postcode:	
	Contact Email:				
	Home Telephone:		Work Telephone:	Mobile:	
	Postal address if different from home address:				
Residency Status	Permanent residency is a pre-requisite for appointment of permanent staff. Non-permanent residents who have a working visa are eligible for fixed term appointments. Proof of eligibility to work will be requested on employment.				
	Please indicate your residency status:				
	<input type="checkbox"/> Australian citizen		<input type="checkbox"/> Australian permanent resident		<input type="checkbox"/> New Zealand citizen
	<input type="checkbox"/> Temporary resident with a valid working visa (please supply information below)				
	1. Type of visa				
	2. Visa expiry date				
Current Public Sector Employment	Are you currently a Western Australia State Government Employee?				
	<input type="checkbox"/> Yes (please fill out information below)		<input type="checkbox"/> No (please skip to next section)		
	Employment Status:				
	<input type="checkbox"/> Permanent		<input type="checkbox"/> Fixed Term		<input type="checkbox"/> Casual
	Position Title:		Department:		Classification:
	Date appointed as a WA State Government employee (on a permanent or fixed term basis):				

DECLARATIONS

The following declarations are NOT a barrier to being considered for employment but will assist us to take due care in addressing the appropriate placement should you be the successful applicant.

Health	<p>To the best of your knowledge and belief, are you of sound health? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide details:</p> <p>_____</p>
Disability or Injury	<p>Do you have a disability, illness or injury which could be aggravated by the type of work for which you are applying for or which you may have special needs with regards to work design or modification <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide details:</p> <p>_____</p>
Workers' Compensation	<p>A previous Workers' Compensation claim is not a barrier to the consideration of an application for employment. However, any disability or injury likely to affect your work performance or which could reoccur or be aggravated by the type of work for which you applying, must be disclosed.</p> <p>Please read the following statement before completing this section.</p> <p>Section 79 of the Workers' Compensation and Assistance Act 1981 gives the Workers' Compensation Board discretion to refuse to award compensation, which would otherwise be payable, where it is proved that the worker has, at the time of seeking or entering employment, wilfully and falsely represented himself/herself as not having previously suffered from the disability for which a subsequent claim for compensation is made.</p> <p>Have you ever made a Workers Compensation claim? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide details:</p> <p>Date of claim: ___/___/___ to ___/___/___</p> <p>Is the claim still current? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please provide Details:</p> <p>_____</p>
National Police Clearance	<p>Do you have any current convictions for any offences from any court, or are you currently the subject of any charge pending before any court (excluding any convictions which have been declared spent). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A criminal record does not necessarily disqualify you from appointment as an employee.</p> <p>If you are the recommended applicant you will be contacted to provide an original or certified copy of the National Police Clearance to the HR Officer prior to the confirmation of the appointment.</p> <p>DO NOT PROVIDE YOUR CERTIFICATE WITH THIS APPLICATION FORM</p> <p>The Department requires as a condition of employment, that you undergo formal Criminal Records Screening.</p> <p>Will you consent to such screening? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Personal Declaration	<p>I acknowledge by submitting this application that I am declaring all statements in the application to be true in all respects. I acknowledge that any statement which is found to be false or deliberately misleading will make me, if employed, liable for dismissal.</p> <p>_____</p> <p style="text-align: center;">Signature Date</p>

CHECKLIST

Checklist for Applicants	<p>For your information</p> <p>Due to the volume of applications received for positions, you will only be contacted if required to attend an interview. Further correspondence will be forwarded to you once a final recommendation has been made regarding feedback and breach of standards procedures.</p> <ul style="list-style-type: none"><input type="checkbox"/> Employment Application Form<input type="checkbox"/> Cover Letter<input type="checkbox"/> Current Resume<input type="checkbox"/> Statement addressing Selection Criteria (unless otherwise stated)
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THANK YOU FOR YOUR APPLICATION