## APPLICATION FOR EMPLOYMENT FORM



## **ABORIGINAL LEGAL SERVICE OF WA (INC)**

Thank you for your interest in the Aboriginal Legal Service of Western Australia, Inc (ALSWA). Please complete all sections of this form either electronically or by printing clearly in blue or black pen. Information on specific positions may be obtained from our Personnel Officer on (08) 9265 6954.

Date of Application:	Position applied for:			
PERSONAL DETAILS				
Family name:	Given names:			
Address:	Sta	te:	Post Code: _	
Phone No:	Mobile:			
Email address:				
PLACE OF BIRTH - CITIZENSHIP				
What is your country of birth?				
Are you of Australian Aboriginal or Torres Strait Is Aboriginal or Torres Strait Islander?	slander descent,	and do you iden	tify yourself as <i>A</i> Yes □	Australian No 🗆
Are you an Australian Citizen?			Yes □	No □
If No do you have permanent Australian Residence	cy Status?		Yes □	No □
If no, please provide details of your visa:	Worki	ng Holiday □ Stu	dent □ 457 □	Other 🗆
Please provide copy (attached) $\Box$		Expiry Date: _		
Does your visa place any work restrictions on you	ı?		Yes □	No □
If yes, please provide brief details:				
Do you hold a current driver's licence?		Yes □	No □	
Are there any proceedings you are aware of which or suspension of your licence?	h are pending a	nd which may res	ult in the disqua	alification No 🗆
POLICE CLEARANCE:				
Employment is subject to a satisfactory Police Clean applicant.	earance. A crimi	nal record does n	ot necessarily d	isqualify
Have you ever been convicted of a Crime?	Yes □	No □		
If yes, provide brief details:				

Should your application be successful please note you are required to immediately notify your supervisor in writing if any of the circumstances change in relation to your criminal record screening check outcome. Failure to comply may result in termination of employment.

## **HEALTH:**

Please provide details of any previous or current medical condition or restriction, physical or otherwise, which may affect your ability to perform the essential requirements of the job. This must include any medical condition or restriction arising from a previous workers' compensation claim. Failure to provide such information may jeopardise your rights to workers' compensation if a pre-existing disability is aggravated at work (Section 79 of the Workers' Compensation and Injury Management Act 1981).

Disclosure of a medical concemployment.	lition or restriction does not neces	sarily exclude an applicant from
REFEREES:		
in a working environment and v you have applied. By comple	ferees. Your nominated referees will nowhere possible provide information relating this section you are giving permente information relevant to your applications of the content of the co	evant to the type of role for which ission for ALSWA to contact your
Referee Name and Position	Organisation and working	Telephone contact Details
	relationship with you	
		Email contact Details
Referee Name and Position	Organisation and working relationship with you	Telephone contact Details
	relationship with you	
		Email contact Details
DECLARATION BY APPLICANT:		
employed.  2. I understand that part of the nominated by ALSWA and I  3. I consent to any reference of	epresentation of facts in this application of application procedures may involve authorise disclosure of the results of the checks which may be necessary to supp	a medical examination by an officer his examination to ALSWA. ort this application.
I,application is to the best of my k	hereby declare that anowledge true and correct.	the information contained in this
Signature of Applicant:	Dat	e:/
By completing this application ye	ou are confirming that the information ion, may result in termination of your e	in your application is true and
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PRIVACY

Your application form contains personal information, which will be dealt with in accordance with our Privacy Policy. If you are successful in your application your form will become an employment record. If you are unsuccessful your application form will be kept for 6 months before being destroyed.