

APPLICATION COVERSHEET

Please complete this form and include as part of your application.

| DETAILS OF ADVERTISED VACANCY | |
|--|---|
| Position Number | |
| Classification | |
| Position Title | |
| Where did you see the position advertised (double click on the box required and select Checked then ok) | <input type="checkbox"/> APS Jobs <input type="checkbox"/> Indigenous Jobs Australia <input type="checkbox"/> Museums Australia <input type="checkbox"/> Artshub <input type="checkbox"/> Other _____ |
| PERSONAL PARTICULARS | |
| Title: | <input type="checkbox"/> Dr <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs |
| Surname: | |
| Given Names: | |
| Address for correspondence: | |
| Telephone (work): | |
| Telephone (home): | |
| Telephone (mobile): | |
| E-mail address: | |
| Are you an Australian citizen? | <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Employees must hold Australian Citizenship. Permanent residency status does not meet this criterion. |

| CURRENT EMPLOYMENT DETAILS | | |
|--|--|--------------------|
| Are you currently employed within: (click the appropriate box) | <input type="checkbox"/> The Australian Public Service <input type="checkbox"/> A Commonwealth Statutory Authority <input type="checkbox"/> ACT Government <input type="checkbox"/> The Private Sector <input type="checkbox"/> Currently not employed | |
| Current Employer | | |
| AGS Number (if applicable) | | |
| Classification (if applicable) | Actual Nominal | |
| Employment Type | <input type="checkbox"/> Ongoing / Permanent <input type="checkbox"/> Non-ongoing / Temporary / Casual | |
| Do you hold a current Commonwealth Security Clearance? | <input type="checkbox"/> Yes: Level _____ <input type="checkbox"/> No | |
| Have you received a redundancy package from an APS Department/Agency or non APS Commonwealth agency in the last 12 months | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Has the period of exclusion (or 'redundancy benefit period') linked to the level of the redundancy benefit been applied and completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| REFEREE DETAILS (Current Manager or Supervisor Preferred) | | |
| | Referee One | Referee Two |
| Name | | |
| Position | | |
| Contact Telephone | | |
| Email address | | |
| WORKPLACE DIVERSITY DETAILS | | |
| <i>The following questions are for statistical and reporting purposes only and will not be used in the assessment of your application for this position.</i> | | |
| Please indicate if you identify yourself as a member of the following groups. | Aboriginal / Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No Non-English speaking background <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have any need or assistance should you progress to interview? | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ | |