APPLICATION FOR EMPLOYMENT

**People with Disabilities (WA) Inc.**

City West Lotteries House

23/2 Delhi Street

West Perth WA 6005

Email: admin@pwdwa.org

Tel: 08 9420 7279

**POSITION TITLE**:

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**1. PERSONAL DETAILS**

|  |
| --- |
| **Surname:**  |
| **Given Name(s):**  |
| **Preferred name:** |
| **Address:**  |
| **Telephone:** Home: Mobile: |
| **Date of Birth**:  |
| **Email:**  |
| **Employment type:** [ ]  Full-time hours [ ]  Part-time hours [ ]  Casual hours  |

**2. CRIMINAL HISTORY CHECK**

**(a) Have you ever been convicted of any criminal offence in any court, or are you currently the subject of a charge pending before any court?**

[ ]  Yes [ ]  No

If yes, please specify

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**3. AUSTRALIAN WORK RIGHTS**

**(a) Do you have the right to work in Australia?** [ ]  Yes [ ]  No

**(b) Do you have the right to work the number of days and hours specified in the job description?**

[ ]  Yes [ ]  No

**4. HEALTH and REASONABLE ADJUSTMENTS**

Please answer the following questions to assist PWdWA in identifying opportunities for appropriate placement of candidates and the provision of reasonable adjustments, if required.

**(a) Do you have a disability, medical condition or work-related injury which you consider may:**

(i) Affect how you are able to do this job? [ ]  Yes [ ]  No

If yes, please specify

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(ii) Pose a risk to your health and safety or the health and safety of your fellow employees and clients in the workplace?

 [ ]  Yes [ ]  No

If yes, please specify

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**(b) Do you require specific workplace adjustment?**  [ ]  Yes [ ]  No

If yes, please specify

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|  |

**(c) Have you ever made a claim under Workers’ Compensation?** [ ]  Yes [ ]  No

If yes, please specify

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5. REFEREES

Please provide details of two referees who can comment on your suitability for the position you are applying for. At least one of these referees should be your most recent employer or supervisor.

**REFEREE 1**

|  |  |
| --- | --- |
| Name |   |
| Position  |  |
| Organisation |  |
| Telephone |  |
| Email |  |

**REFEREE 2**

|  |  |
| --- | --- |
| Name |   |
| Position  |  |
| Organisation |  |
| Telephone |  |
| Email |  |

Please may we contact your referees? [ ]  Yes [ ]  No

**DECLARATION**

I understand that any offer of employment will be dependent on the provision of:

1. A satisfactory National Police Certificate, and
2. Evidence of my eligibility to work in Australia

I understand that any misrepresentation of facts in this application could be grounds for termination of employment. I certify that the information contained in this application is, to the best of my knowledge, true and accurate.

**Signature of Applicant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**:\_\_\_\_\_\_\_\_\_\_

(PWdWA accepts handwritten or electronic signatures)