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|  | APPLICATION FOR EMPLOYMENT FORM |
| Document Reference No: 025-320-FORM | |

# Introduction

Thank you for submitting an application for employment with the Mallee Catchment Management Authority (CMA). Mallee CMA is committed to protecting the health, safety and well-being of all employees. In line with this objective an employee should not be required or permitted to undertake work for which they are not physically capable. You will need to read the Position Description in its entirety and consider your full physical capability to perform required activities as detailed. The following information forms part of the Mallee CMA’s selection process and assists in providing a safe and healthy work environment.

# Vacancy Details

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| --- | --- | --- | --- |
| Position Name | Community Partnerships Coordinator | Vacancy Ref No | 21/017 |
|  |  |  |  |
| Position Details Sourced from | Seek  Newspaper: Name  Mallee CMA Website  Mallee CMA Social Media  Water Careers Website  NRM Jobs Website  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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# Applicant Details

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| --- | --- | --- | --- |
| Title |  | Gender | Man Woman  Self-Described |
|  |  |  |  |
| Surname |  | Given Names |  |
|  |  |  |  |
| Preferred Name |  | Australian Citizen / Permanent Resident | Yes  No  If no: Right to work in Australia documents attached |
|  |  |  |  |
|  |  |  |  |
| Postal Address |  | | |
|  |  | | |
| City/Town |  | | |
|  |  | | |
| State |  | Post Code |  |
|  |  |  |  |
| Phone Number |  | Mobile Number |  |

# References (Please provide at least 2 professional contacts whom you have been a direct report. Include Name, Position, Title, Company and Phone number)

|  |  |
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| Referee 1 | Referee 2 |
|  |  |

# Diversity and Inclusion Demographics

|  |  |
| --- | --- |
| Do you identify with any of the following: | Have a disability  Of Aboriginal and/or Torres Strait Islander background  Born Overseas – which country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Speak a language other than English at home  LGBTIQ |

# Acknowledgement and Authorisation

|  |  |
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| If selected for employment, are you willing to complete the following if required:   1. a pre-employment test? | Yes  No |
| 1. a pre-employment medical? | Yes  No |
| 1. pre-employment legal checks (e.g. Police Check, Working with Children Check)? | Yes  No |
|  |  |
| Are you aware of any potential conflict of interest that may arise during the recruitment process and/or potential employment? | Yes  No  If Yes please specify: |
| I have read the Position Description. I have a pre-existing injury or condition which may affect my ability to perform the requirements of the role I am applying for or perform my duties within the buildings that house Mallee CMA offices. | Yes No  If Yes please provide details: |
| I acknowledge I have read and agree to the Mallee CMA Privacy and Data Protection Policy | Yes  No |
| I certify that all the answers given herein are true and complete to the best of my knowledge | Yes |

**Important to Note**: The *Workplace Injury Rehabilitation and Compensation Act 2013* allows the Mallee CMA to request that you disclose any:

* pre-existing injuries, illnesses or diseases that you have suffered, or
* existing injuries, illnesses or diseases that you continue to suffer, which could be accelerated, exacerbated, aggravated or caused to recur or deteriorate by your performing the responsibilities associated with the employment for which you applying.

Where you have a pre-existing condition, consideration will be given to reasonable modification to the environment or tasks (if at all possible or practicable) with the sole intention to protect, monitor and maintain your well-being during the course of your employment with the Mallee CMA.

# Applicant Signature

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date |  |
|  |  |
| Signature: |  |

File Action: HR Personnel file