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

# INTRODUCTION

Thank you for submitting an application for employment with 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 Mallee CMA’s selection process and assists in providing a safe and healthy work environment.

# VACANCY DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Position Name | Project Coordinator Sustainable Agriculture | Vacancy Ref No | 36/022 |
|  |  |  |  |
| 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

|  |  |  |  |
| --- | --- | --- | --- |
| 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)

|  |  |
| --- | --- |
| **REFEREE 1** | **REFEREE 2** |
|  |  |

# DIVERSITY & INCLUSION DEMOGRAPHICS

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| --- | --- |
| 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 & AUTHORISATION

|  |  |
| --- | --- |
| If selected for employment, are you willing to complete the following pre-employment screening, which may include but not limited to:   * Confirmation of identity * Medical declarations * Medical checks * Conflict of interest declarations * Reference checks * National Criminal History Checks (Police Checks) * Conduct history checks * Psychometric or aptitude testing | Yes  No |
|  |  |
| Do you have a pre-existing injury or condition which may affect your ability to perform the requirements of the role? (refer to the position description for details of the role). | Yes No  If Yes please provide details: |
| 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: |
| Are you willing to provide proof of COVID vaccination status? | Yes No  If No please provide details: |
| 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 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 Mallee CMA.

In accordance with the Public Administration Act 2004 section 33 and 34, the consequences of providing false or misleading information during application is termination of employment.

# APPLICANT SIGNATURE

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

File Action: HR Personnel file