



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"/> MoAD Website <input type="checkbox"/> APSJobs <input type="checkbox"/> Museums Australia Website <input type="checkbox"/> Other(please specify)
PERSONAL PARTICULARS	
Title:	<input type="checkbox"/> Dr <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other.....
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X - Indeterminate / Intersex / Unspecified
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 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"/> Commonwealth Statutory Authority <input type="checkbox"/> ACT Government <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> N/A	
Have you ever had your employment terminated or been the subject of a disciplinary action under the APS Code of Conduct	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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

	Referee One	Referee Two
Name		
Contact Telephone		
Email address		

WORKPLACE DIVERSITY DETAILS

The following questions are for statistical and reporting purposes only and will not be used in the assessment of your application for this position. Do you identify yourself as a member of either 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 require any special assistance to attend an interview?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

I declare the information that I have provided on this form is true and complete.

.....
 Print First Name and Surname

I understand that that checking the box constitutes a legal signature confirming the information that I have provided on this form is true and complete.