

**APPLICATION COVERSHEET**Please complete this form and include as part of your application

The information provided in this form is used for administrative and statistical purposes. Statistical information may be shared with other Government agencies to ensure compliance with Commonwealth laws and will be provided in an unidentifiable manner. Applicants who choose to be considered for employment opportunities in other agencies, must understand that in so doing they provide MoAD with the ability to share information provided in this form and their application with other agencies. Full details relating to the collection and use of personal information is outlined in the [MoAD Privacy Policy](https://www.moadoph.gov.au/about/privacy/).

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| **DETAILS OF ADVERTISED VACANCY** | | | | | |
| Position Number: |  | | | | |
| Classification: |  | | | | |
| Position title: |  | | | | |
| How did you first become aware of this employment opportunity?  MoAD Website  APSJobs  AMaGA Jobs  Other………………..(please specify) | | | | | |
| **Request to be considered for similar vacancies in other agencies**  If you are placed on a Merit List via this selection process, are you willing to be considered for a similar vacancy in another agency?  Yes No | | | | | |
| **PERSONAL PARTICULARS** | | | | | |
| Title: | Dr  Mr.  Mrs  Ms  Miss  Other…………….. | | | | |
| Gender | Male  Female  X - Indeterminate / Intersex / Unspecified | | | | |
| Surname: |  | | | | |
| Given Names: |  | | | | |
| Address for correspondence: |  | | | | |
| Telephone (work): |  | | | | |
| Telephone (mobile): |  | | | | |
| E-mail address: |  | | | | |
| Preferred method of contact: | Mobile  Work phone  Email  Other…………….. | | | | |
| Are you an Australian Citizen | Yes  No  Employees must hold Australian Citizenship. Permanent Residency status does not meet this criterion. | | | | |
| **CURRENT EMPLOYMENT DETAILS** | | | | | |
| Are you currently employed within:  APS  ACT Government  Private Sector  Currently not employed | | | | | |
| Current Employer: | | |  | | |
| AGS Number (if applicable): | | |  | | |
| Classification (if applicable): | | | Actual: | | Nominal: |
| Position Title: | | |  | | |
| Employment Type: | | | Ongoing / Permanent  Non ongoing / Temporary / Casual | | |
| Date Commenced: | | |  | | |
| Do you hold a current Commonwealth Security Clearance? | | | Yes  No | | |
| In the last 5 years, have you ever been investigated for or found to have breached the APS Code of Conduct or any codes of conduct applying to non APS employment? | | | No  Yes – please provide details | | |
| If you have taken a redundancy benefit from an APS Agency in the last 12 months please indicate the date your exclusion period expires. | | | **Expiry Date**       /     / | | |
| **REFEREE DETAILS** | | | | | |
|  | | **Referee One** | | **Referee Two** | |
| Name: | |  | |  | |
| Organisation: | |  | |  | |
| Position Title: | |  | |  | |
| Relationship: | |  | |  | |
| 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 Aboriginal / Torres Strait Islander? | | | | Yes  No | |
| Do you identify yourself from a non-english speaking background? | | | | Yes  No | |
| **RECRUITABILITY** applies to this vacancy.  Under the RecruitAbility scheme you will be invited to participate in further assessment activity for the vacancy if you choose to apply under the scheme; declare you have a disability and meet the minimum requirements for the job. For more information see: <http://www.apsc.gov.au/priorities/disability/recruitability>. | | | | | |
| Do you identify as having a disability? | | | | Yes  No | |
| Do you have an illness, injury or disability that impacts on your daily life? | | | | Yes  No | |
| Do you require any special assistance to attend further selection activities? | | | | Yes  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. | | | | | |