# APPLICATION COVERSHEET

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

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| **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) | APS Jobs  Indigenous Jobs Australia  Australian Museums and Galleries Association Inc  Artshub  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If you were to be merit listed for this role, do you provide consent for your details to be shared with other agencies for similar roles? | Yes  No  Please contact for approval |
| **PERSONAL PARTICULARS** | |
| Title: | Dr  Mr.  Miss  Ms  Mrs |
| Surname: |  |
| Given Names: |  |
| Address for correspondence: |  |
| Telephone (work): |  |
| Telephone (home): |  |
| Telephone (mobile): |  |
| E-mail address: |  |
| Are you an Australian citizen? | Yes  No  Note: Employees must hold Australian Citizenship.  Permanent residency status does not meet this criterion. |

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| **CURRENT EMPLOYMENT DETAILS** | | | | |
| Are you currently employed within:  Please Tick the appropriate box | | | The Australian Public Service  A Commonwealth Statutory Authority  ACT Government  The Private Sector  Currently not employed | |
| Current Employer | | |  | |
| AGS Number (if applicable) | | |  | |
| Classification (if applicable) | | | Actual Nominal | |
| Employment Type | | | Ongoing / Permanent  Non-ongoing / Temporary / Casual | |
| Do you hold a current Commonwealth Security Clearance? | | | Yes: Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No | |
| Have you received a redundancy package from an APS Department/Agency or non APS Commonwealth agency in the last 12 months | | | Yes  No  N/A | |
| Has the period of exclusion (or ‘redundancy benefit period’) linked to the level of the redundancy benefit been applied and completed? | | | Yes  No  N/A | |
| **REFEREE DETAILS (Current Manager or Supervisor Preferred)** | | | | |
|  | **Referee One** | | | **Referee Two** |
| Name |  | | |  |
| Position |  | | |  |
| 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.* | | | | |
| Please indicate if you identify yourself as a member of the following groups. | | Aboriginal / Torres Strait Islander  Yes  No  Non-English speaking background  Yes  No  Do you have a disability?  Yes  No | | |
| Do you have any need or assistance should you progress to interview? | | No  Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |