

SCMSAC Application Cover Sheet (Attach as the first page of your application)

Information provided in a job application is required for use in the staff selection process. This information may, where it has a significant bearing on reaching the final selection decision, be accessed by other parties with a legitimate interest in the outcome of the selection process.



Vacancy Details	
Position Name:	
Section:	
Date Advertised:	

Personal Details	
Title (ie Miss, Mrs, Mrs):	
Surname:	
Given Names:	
Date of Birth:	
Address:	
P/Code:	
Daytime Contact Number:	
Mobile Contact Number:	
Email:	

Specific Details	
Working With Children Check No:	
Drivers Licence: Yes <input type="checkbox"/> No <input type="checkbox"/> Number: _____	
State: _____ Expires: _____	
Are you of Aboriginal and/or Torres Strait Islander decent? Yes <input type="checkbox"/> No <input type="checkbox"/>	

General Questions	
Do you require special arrangements to be made for an interview? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please provide details)</i>	

Are you aware of any health conditions which may interfere with the satisfactory discharge of the duties of the position? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please provide details)</i>	

Are you currently receiving treatment for any Worker's Compensation Injury? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please provide details)</i>	

Have you claimed Workers' Compensation during the past five years? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please provide details)</i>	

Two (2) Referees <small>(preferably one to be a recent supervisor)</small>	
1 st Referee Name:	
Position:	
Organisation:	
Contact Number:	
2 nd Referee Name	
Position:	
Organisation:	
Contact Number:	

Attachments	
<input type="checkbox"/> Cover Page (Statement / Letter) <input type="checkbox"/> Resume <input type="checkbox"/> Statement of claims against each selection criteria <input type="checkbox"/> Copy of Confirmation of Aboriginality <input type="checkbox"/> Copies of any Qualifications / Registrations etc <input type="checkbox"/> Copies of any relevant references	

Declaration	
<input type="checkbox"/> I agree to SCMSAC requesting referee checks from my previous employer(s) <input type="checkbox"/> I agree to SCMSAC requesting a referee check from my current employer <input type="checkbox"/> I understand that I may be required to work in any facility or geographical area under the jurisdiction of SCMSAC <input type="checkbox"/> I understand that I may be required to undergo a pre-employment medical assessment <input type="checkbox"/> I understand that my Working With Children Check will be verified <input type="checkbox"/> I agree to the relevant employment screening checks being undertaken	
<p>I hereby declare that I have read the above statements and understand them. The information provided above is to the best of my knowledge true and accurate in every detail and that I am aware that any false or misleading statements may threaten my appointment or continued employment.</p>	
Print Name: _____	
Signed: _____ Date: _____	