APPLICATION COVER PAGE

HOW TO APPLY

All applications, including application cover page, your response to selection criteria, resume and referee report (if required) must be submitted to:

- Email: OLARecruitment@parliament.act.gov.au
- Mail to: Business Support, OLA Recruitment, GPO Box 1020, Canberra, ACT 2601; or
- Deliver to the Public Entrance, ACT Legislative Assembly, South Building Civic Square.

VACANCY	DETAI	LS
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Position Title	Position Number		
Classification			

YOUR DETAILS

Surname Given Name/s

Home Address

Contact Number Mobile Number

Email Address

All applicants must meet the minimum citizenship requirements.

	Yes	No
Are you an Australian Citizen?		
If 'No', do you have permanent residency?		
If 'No', are you an New Zealand citizen who resides in Australia and holds a Special Category temporary residence visa (SCV) under the Migration Act 1958 (Commonwealth)?		
If 'No', do you have a "working visa" valid at least for the duration of any temporary employment offered?		

EMPLOYMENT DETAILS

Current Employer

Current Employer							
	Yes	No					
Are you a permanent officer of the ACTPS?							
Are you an excess officer of the ACTPS?							
Are you employed in the ACTPS on either a temporary or casual basis?							
Have you received a voluntary redundancy from ACTPS?							
Are you a permanent officer of the APS?							
ACTPS Employees Only: What is your current classification? (provide extra details if acting at a higher level)							
Have you received a voluntary redundancy from the ACTPS in the last two years ineligible to be re-engaged until after the exclusion period has expired.		No					
Have you ever been subject to a workplace disciplinary process or miscond	uct investigation? Yes	s No					
REFEREE DETAILS							
Name							
Position/Title							
Relationship							
Contact Phone Mobile Phone	е						
Email							
Name							

Position/Title

Relationship

Contact Phone Mobile Phone

Email

WORKPLACE DIVERSITY

Name

The Office	e of the	Legislative	Assembly is	committed	to the	principles o	f workplace	diversity	and end	courages	applications
from peo	ple from	different ba	ackgrounds,	experience	s and	perspectives	s. Please in	dicate whi	ich grou	p applies	to you:

				Yes	No		
Aboriginal or Torres Strait Islander							
People with Disabilitie	es						
People from non-Eng	lish speaking back	ground					
Are you?	Male	Female	LG	BTIQ			
In all selection processes, the Office of the Legislative Assembly aims to treat all applicants in a fair and non-discriminatory manner. Assistance with application information, building access, interpreters or other services are available throughout the recruitment process.							
				Yes	No		
Do you have any spe considered as part of							
Please provide details							
DECLARATION							
correct. I declare that any permission for the releva	y academic and/or nt education institu nation may result ir	professional qualition to be contact	ifications ed for ve	oplication including employm submitted with my application erification of my qualifications termination of employment. (on are genuine. I give		

Date