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| \_Description: Description: AOTA Stacked black | Human Resources Form |
| **APPLICATION COVER SHEET** |

All applicants must apply using this template. Please attach your resume separately.

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| VACANCY DETAILS | | |
| Reference No. | Position Title: | Classification: |

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| PERSONAL DETAILS | | | | | |
| Title: | Surname: | | Given Name(s): | | Preferred Name: |
| Date of Birth *(optional):* | | Postal Address: | | | |
| Phone (w) | | Mobile: | | Email: | |
| Preferred Method of Contact: Mobile  Phone (w)  Email  Other | | | | | |
| You must be an Australian citizen to be employed with the Organ and Tissue Authority. Are you an Australian citizen?  Yes  No | | | | | |
| If not, are you in the process of obtaining Australian citizenship?  Yes  No | | | | | |
| If you are in the process of obtaining Australian citizenship, please specify the date it will be granted: | | | | | |

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| HOW DID YOU FIND OUT ABOUT THIS VACANCY? |
| APSJobs (Gazette)  Organ and Tissue Authority Website  Online Job Boards eg Seek, MyCareer *(please specify)*  Other *(please specify)* |

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| APS EMPLOYMENT HISTORY | | |
| Are you currently working in the APS?  Yes  No | | |
| If yes, on what basis are you employed?  Ongoing  Non-Ongoing | | |
| Substantive Classification | Actual Classification | AGS Number |
| Name of Department / Agency | | |
| Have you received a redundancy benefit from an APS Commonwealth agency or a non-APS Commonwealth agency in the last 12 months?  Yes  No | | |
| If yes, please specify name of Department / Agency and cessation date: | | |
| In your previous APS employment have you ever been investigated for misconduct?  Yes  No  *(if you answered yes, we may contact you to discuss)* | | |
| DIVERSITY INFORMATION(this information is collected for statistical purposes only and is optional to complete) | | |
| Gender  Male  Female  Aboriginal or Torres Strait Islander  Yes  No  Person with a disability  Yes  No  Person from a culturally or linguistically diverse background  Yes  No | | |

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| ADDITIONAL REQUIREMENTS(optional) |
| I require special arrangements to be made for assessment  Yes  No  *(if you answered yes, a member of the selection committee will be in contact with you)* |

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| REFEREE DETAILS (Where possible - please include at least one current or immediate previous employer) | | | |
| **Referee 1** | | **Referee 2** | |
| *Name* |  | *Name* |  |
| *Title* |  | *Title* |  |
| *Organisation* |  | *Organisation* |  |
| *Phone number* |  | *Phone number* |  |
| *Email address* |  | *Email address* |  |
| *Relationship* |  | *Relationship* |  |
| *Length of relationship* |  | *Length of relationship* |  |

**One APS career…Thousands of opportunities**