



Applicant Coversheet

In accordance with the *Privacy Act 1988*, the information in this form will only be used for the selection process within the ATSB. Statistical information will only be used to assist the ATSB in developing better workforce planning strategies.

Please attach this form to the front of your application

Details of the advertised vacancy:	
Position/Reference number:	
Where did you first see this job advertised?	
Classification:	
Branch / Section:	
Please list your preferred location or locations:	

Personal details:					
Title:	Mr	Mrs	Ms	Miss	Dr
Family name / Surname:					
Given name(s):					
Gender:	M (Male)	F (Female)	X (Indeterminate / Intersex / Unspecified)		
Residential address:					
Contact phone numbers:	Daytime:		Mobile:		
Email address:					

Are you an Australian citizen? <i>Applicants must hold Australian Citizenship to be eligible for ongoing employment with the ATSB.</i>	Yes	No
Have you received a voluntary redundancy benefit from an APS agency or equivalent in the last 12 months?	Yes	No
If yes, on what date?		

Current APS employment details (if applicable):		
AGS number:		
Current agency		
Classification:		
Employment type:	Ongoing employee	Non-ongoing employee

Employment details (non-APS employment):		
Current employer:		
May we contact you at work?	Yes	No
Best time to contact you?		

Qualifications *(if mandatory):*

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Security Clearance:

Do you currently hold a security clearance?	Yes	No
If so, what level of clearance do you hold?		
Which agency is the clearance held by?		

Referee 1:

Name:	
Company / agency name:	
Contact phone number:	
Contact email:	
Relationship to applicant:	

Referee 2:

Name:	
Company / agency name:	
Contact phone number:	
Contact email:	
Relationship to applicant:	

Diversity details: *The information below is optional and used for statistical purposes only*

Age:	16 – 24	25 – 34	35 - 44	45 - 54	55+
Do you identify as an Aboriginal or Torres Strait Islander?				Yes	No
Are you from a non-English speaking background?				Yes	No
Do you have a disability?				Yes	No
Do you require any special assistance or equipment to attend an interview?				Yes	No
If yes, please provide details.					

Declaration:

I declare that the information I have provided in this form and attached to this application is true and correct. I understand and agree that giving false or misleading information is an offence and may disqualify me from employment, or result in dismissal, if I am offered employment, or employed by the ATSB.

Signature:

*(if submitting electronically
please type your name)*

Date:

Please email your application to recruitment@atsb.gov.au.

Alternatively you can send by post to:

Recruitment Officer
Australian Transport Safety Bureau
PO Box 967
Civic Square ACT 2608