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 vaca	ncv:							
Position/Reference number:	iicy.							
Where did you first see this								
job advertised?								
Classification:								
Branch / Section:								
Please list your preferred location or locations:								
Dans and dataile.								
Personal details:	Ma	N4	_	N 4:	D=			
Title:	Mr M	rs M	S 	Miss	Dr			
Family name / Surname:								
Given name(s):								
Gender:	M (Male)	F (Fe	emale)	X	(Indeter	minate / In	tersex / Unspecified	
Residential address:								
Contact phone numbers:	Daytime:				Mobile:			
Email address:								
Are you an Australian citizen Applicants must hold Australian Congoing employment with the ATSI	itizenship to b	e eligible fo	or	١	⁄es		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 det	ails (if applic	able):						
AGS number:								
Current agency								
Classification:								
Employment type:	Ongoing e	mployee			N	on-ongoing	g employee	
Employment details (non-APS)	employment):							
Current employer:								
May we contact you at work?	Yes			_	No			
Best time to contact you?								

Qualifications (if mandatory):							
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:							
B WALLEY I TO I I I B I W							
RecruitAbility scheme: To be completed where RecruitAbility scheme:							
Do you want to opt in? Yes No Note: If you apply under the Pecruit Ability scheme you are declaring that you meet the definition of							
Note: If you apply under the RecruitAbility scheme you are declaring that you meet the definition of 'disability under the scheme – please refer to Australian Public Service Commission's website							
https://www.apsc.gov.au/working-aps/diversity-and-inclu	sion/disability/recruitability						
Diversity details: The information below is optional and us							
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 misle	eading information is an offence and may						
ATSB.	I am offered employment, or employed by the						

Please email your application to <u>recruitment@atsb.gov.au</u>.

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Alternatively you can send by post to: Recruitment Officer

Australian Transport Safety Bureau

PO Box 321

Canberra ACT 2601