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 | ncy: | | | |
|--|-----------------------|---------|-------------|------------|
| Position/Reference number: | | | | |
| Where did you first see this job advertised? | | | | |
| Classification: | | | | |
| Branch / Section: | | | | |
| Please list your preferred location or locations: | | | | |
| Personal details: | | | | |
| Title: | | | | |
| | | | | |
| Family name / Surname: | | | | |
| Given name(s): | | | | |
| Gender: | | | | |
| Residential address: | | | | |
| Contact phone numbers: | Daytime: | Mobile: | | |
| Email address: | | | | |
| | | | | |
| Are you an Australian citizen? | • | | | |
| Applicants must hold Australian Citizenship to be eligible for ongoing employment with the ATSB. | | 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 deta | ails (if applicable): | | | |
| AGS number: | | | | |
| Current agency | | | | |
| Classification: | | | | |
| Employment type: | Ongoing employee | | Non-ongoing | g employee |
| | | | | |
| Employment details (non-APS e | 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: To be completed where RecruitAbility Scheme: Yes | No | | | | |
| Do you want to opt in? Yes No 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-inclusion/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