**Attachment A: Application for Locally Engaged Staff Employment**

Position you are applying for: Date available for work**:**

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| **PERSONAL INFORMATION** | | | | | |
| Title: | | Last Name: | | | First Name: |
| Email Address: | | Contact Number: | | | Citizenship(s) |
| Address: | | | | | |
| Are you eligible to work in the country in which you are applying for a position? Yes ☐ No ☐  *(Note: to be eligible to work in this country you should be a citizen, hold or be able to obtain an appropriate working visa)* | | | | | |
| How did you hear about the vacancy? | | | | | |
| **PREVIOUS AUSTRALIAN GOVERNMENT EMPLOYMENT Yes ☐ No ☐** | | | | | |
| Have you ever been employed by the Australian Government, either in Australia or overseas?  If yes, please provide the details.  If yes, did you ever receive a redundancy or other payment benefit? | | | | | |
| **REFERENCES** | | | | | |
| Please provide the names and email addresses of two work-related referees whom we can contact. Both referees should be able to comment on your work performance. | | | | | |
| **REFEREE 1** | | | | | |
| Title: | First Name: | | | Last Name: | |
| Organization: | | | Position Title: | | |
| Relationship to Applicant | | | Years of Relationship: | | |
| Contact Number: | | | Email Address: | | |
| **REFEREE 2** | | | | | |
| Title: | First Name: | | | Last Name: | |
| Organization: | | | Position Title: | | |
| Relationship to Applicant | | | Years of Relationship: | | |
| Contact Number: | | | Email Address: | | |
| **APPLICANT’S STATEMENT** | | | | | |
| The above information, to the best of my knowledge, is true and correct. I consent to the mission collecting and using information, and to relevant employers / supervisors disclosing information, in relation to my work performance and conduct for the purpose of assessing my suitability to carry out the duties of the position I have applied for, and suitability for employment. I understand that misstatements or omissions in my disclosures may result in a failure to hire or immediate discharge if they are discovered  Accept: Name: Date: | | | | | |