



Australian Government

Great Barrier Reef  
Marine Park Authority

APPLICATION FOR ADVERTISED POSITION  
Personal Particulars of Applicant

Please read these notes before completing the form.

- To assist our recruitment officers in processing your application quickly, it is important that you complete each section of the form
- Please attach the completed form to the front of your application.
- Personal information provided is protected by the Privacy Act 1988. Information provided will be used for recruitment purposes only.

Particulars of Position Applied for	
Position Number	
Position Title	
Classification	
Group and Section stated in the Advertisement	
Source of Advertisement	<div><input type="checkbox"/> APSjobs</div> <div><input type="checkbox"/> The Australian</div> <div><input type="checkbox"/> The Canberra Times</div> <div><input type="checkbox"/> Other Press – please specify _____</div> <div><input type="checkbox"/> GBRMPA Website</div> <div><input type="checkbox"/> Careerone.com.au</div> <div><input type="checkbox"/> Other Website – please specify _____</div> <div><input type="checkbox"/> Courier Mail</div> <div><input type="checkbox"/> Townsville Bulletin</div> <div><input type="checkbox"/> Seek.com.au</div>

Personal Particulars			
Title	Family Name	Are you an Australian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If no, have you applied for Australian Citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Given Names		If no to above question, you have a valid working visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth (Optional)		Place of Birth and Country of Birth	
Preferred Name			
AGS Number (For current APS employees)			
Old AGS Number (For former APS employees)			

Home Address					
Number and Street Name					
Suburb					
City or Town		State		Postcode	
Business Phone Number		After Hours Phone Number		Mobile Phone	
Email Address					

Mailing Address (Leave blank if same as above)					
Number and Street Name or Post Office Box					
Suburb					
City or Town		State		Postcode	

Current Employment		
Name of Current Employer		
Current Position		
If an APS employee, what is your classification or level	Substantive	
	Actual	

Equal Employment Opportunity Details		
Non-English Speaking Background	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, do you requires any assistance or equipment at interview?	Brief Description:	

Voluntary Redundancy Details		
Have you received, or are you expecting to receive, a voluntary redundancy benefit from an APS employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state the employer and date you received or are expected to receive a voluntary retrenchment benefit.	Name of employer	
	Date received or expected date	

APS Code of Conduct	
Have you ever been found to have breached, the Australian Public Service Code of Conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES", with which department or agency?	

Referees			
First Referee		Second Referee	
Name		Name	
Employer		Employer	
Position held in Department, Agency or Company		Position held in Department, Agency or Company	
Phone number		Phone number	
For referees not employed in the APS, is it acceptable for the referee to be contacted prior to interview.	<input type="checkbox"/> Yes <input type="checkbox"/> No	For referees not employed in the APS, is it acceptable for the referee to be contacted prior to interview.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Working Relationship to Applicant/Relevant Dates and Periods		Working Relationship to Applicant/Relevant Dates and Periods	

Applicant's Statement	
By submitting this form, I certify that the statements made by me in this application form and any supporting documentation (eg resume, academic results) are a true and complete. I understand and agree that a false statement may disqualify me from employment, or result in dismissal. I give permission for my nominated referees to be contacted as part of the selection process.	
Signature:	Date