

# JOB APPLICATION FORM

This job application form **MUST** be completed when applying for positions with ADA Australia.

**HR USE ONLY**

Date Received: \_\_\_\_\_

Acknowledged: \_\_\_\_\_

Internal/External

|   |  |               |          |
|---|--|---------------|----------|
| <b>Part A: Vacancy Details</b>                |  |               |          |
| Position Title:                               | Aboriginal and Torres Strait Community Connector (Identified Position) |               |          |
| Region Preference (please circle applicable): | Brisbane South   | Closing Date: | 1/8/2024 |
|   |  |               |          |

|   |                                    |                               |                                 |                                |                                  |                             |
|---|------------------------------------|-------------------------------|---------------------------------|--------------------------------|----------------------------------|-----------------------------|
| <b>Part B: Applicant Details</b>  |                                    |                               |                                 |                                |                                  |                             |
| Title:  | <input type="checkbox"/> Mr.       | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms.    | <input type="checkbox"/> Miss. | <input type="checkbox"/> Dr.     | Other:                      |
| Preferred Pronouns:   | <input type="checkbox"/> They/Them |                               | <input type="checkbox"/> He/Him |                                | <input type="checkbox"/> She/Her |                             |
| First Name:   |                                    |                               |                                 |                                |                                  |                             |
| Surname:  |                                    |                               |                                 |                                |                                  |                             |
| Address:  |                                    |                               |                                 |                                |                                  |                             |
| Suburb:   |                                    | State:                        |                                 | Postcode:                      |                                  |                             |
| Mobile Number:  |                                    |                               | Home Phone Number:              |                                |                                  |                             |
| Work Number:  |                                    |                               | Email Address:                  |                                |                                  |                             |
| Citizenship:  |                                    |                               |                                 |                                |                                  |                             |
| If you are not an Australian citizen, please provide the following information: |                                    |                               |                                 |                                |                                  |                             |
| Type of Visa:   |                                    |                               | Expiry Date:                    |                                |                                  |                             |
| Visa Number:  |                                    |                               | Work Eligibility:               |                                | <input type="checkbox"/> YES     | <input type="checkbox"/> NO |

|  |  |  |                                      |
|--|--|--|--------------------------------------|
| <b>Part C: Additional Info</b>                 |  |  |                                      |
| How did you become aware of this vacancy?      |  |  |                                      |
| <input type="checkbox"/> ADA Australia Website | <input type="checkbox"/> QCOSS                         | <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Local Paper |
| <input type="checkbox"/> Seek.com              | <input type="checkbox"/> Courier Mail                  | <input type="checkbox"/> My Career.com     | <input type="checkbox"/> Agency      |
| <input type="checkbox"/> Career One            | <input type="checkbox"/> Other – please specify: _____ |  |                                      |

|   |   |   |                                  |
|---|---|---|----------------------------------|
| <b>Part D: Equity &amp; Diversity (optional)</b>                      | The data gathered here is for statistical purposes only & will not influence the selection process. |   |                                  |
| Please tick if you wish to identify with any of the following groups? | <input type="checkbox"/> Aboriginal   | <input type="checkbox"/> Person with a Disability | <input type="checkbox"/> LGBTIQ+ |
|   | <input type="checkbox"/> Torres Strait Islander   |   |                                  |
|   | <input type="checkbox"/> Australian South Sea Islander  |   |                                  |
|   | <input type="checkbox"/> Culturally/Linguistically Diverse  | <input type="checkbox"/> Care Leavers             |                                  |

|   |  |
|---|--|
| <b>Part E: Referee Details</b>                    |  |
| Name:   |  |
| Company:  |  |
| Contact details:                                  |  |
| Relationship to you<br>(e.g. Supervisor, Manager) |  |
| Permission to Contact:                            | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|   |  |
| Name:   |  |
| Company:  |  |
| Contact details:                                  |  |
| Relationship to you<br>(e.g. Supervisor, Manager) |  |
| Permission to Contact:                            | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|   |  |
| Name:   |  |
| Company:  |  |
| Contact details:                                  |  |
| Relationship to you<br>(e.g. Supervisor, Manager) |  |
| Permission to Contact:                            | YES <input type="checkbox"/> NO <input type="checkbox"/> |

|  |  |
|--|--|
| <b>Part F: Applicant Declaration</b>   |  |
| <input type="checkbox"/> I certify that the information I have provided is true and correct. |  |
| Name:  |  |
| Signature:   |  |
| Date:  |  |