

**APPLICATION FOR TEMPORARY OR CASUAL  
EMPLOYMENT OPPORTUNITIES**

**PART A-PERSONAL PARTICULARS**  
Please fill in the following details

Surname	
Given/First Names	
What is your preferred title?	Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/>
What is your gender?	Male <input type="checkbox"/> Female <input type="checkbox"/>
Telephone contact numbers:	business hours:
	after hours:
	alternative/mobile:
Your address details:	Home:
	Postal (if different):
Your Date of Birth	
Are you an Australian citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you an Aboriginal or Torres Strait Islander?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to be identified as having a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details of your educational qualifications.	
Your preferred work status.	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/>
If you wish to work part-time or casual hours, please indicate the days/hours you wish to work.	
Positions you are interested in:	<input type="checkbox"/> Financial Auditor <input type="checkbox"/> Performance Auditor <input type="checkbox"/> Professional Services

**PART B-EMPLOYMENT INFORMATION**

<p>Have you been employed in the ACT Public Service?  (If yes please provide details)</p>	<p>Yes    <input type="checkbox"/>        No        <input type="checkbox"/></p>
<p>Have you received a redundancy benefit from an ACT Agency or a non- ACT Govt. employer within the last 12 months?</p>	<p>Yes    <input type="checkbox"/>        No        <input type="checkbox"/></p> <p>Name of Agency:</p> <p>Date of Separation:</p>
<p>Please list any work experience you have gained in the last 3 years:</p>	
<p>Please provide a short statement outlining your work experience, educational qualifications, courses attended etc that demonstrates your ability in relation to the preferred position.</p>	
<p>Please tick if you have previous experience and/or skills in any of the following:</p>	<p>1. Auditing <span style="float:right"><input type="checkbox"/></span></p> <p>2. Financial Management <span style="float:right"><input type="checkbox"/></span></p> <p>3. Reviews of Government Services <span style="float:right"><input type="checkbox"/></span></p> <p>4. Environmental Management Knowledge <span style="float:right"><input type="checkbox"/></span></p> <p>5. Research &amp; Analytical Skills <span style="float:right"><input type="checkbox"/></span></p> <p>6. Microsoft Office Packages <span style="float:right"><input type="checkbox"/></span></p> <p>7. Records Management Skills <span style="float:right"><input type="checkbox"/></span></p> <p>8. Personnel / HR / Recruitment <span style="float:right"><input type="checkbox"/></span></p> <p>9. Secretarial / PA / Receptionist <span style="float:right"><input type="checkbox"/></span></p> <p>10. Supervisory Skills <span style="float:right"><input type="checkbox"/></span></p>
<p>Please provide details of two referees.</p>	

**PART B-EMPLOYMENT INFORMATION cont.**

Do you have a current Security Clearance.  If yes, please provide the details.	
Please sign and date your application	

This form together with a current resume should be sent to: ACT Audit Office  
([actauditorgeneral@act.gov.au](mailto:actauditorgeneral@act.gov.au)).