**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 | |  | | | | | Ms | | |  | | | Miss | | |  | | Mrs | |  | | Dr |  |
| What is your gender? | Male | | |  | | | Female | | | | | |  | |  | | | | | | | | | |
| 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 |  | | | | No | | | |  | | | | |  | | | | | | | | | |
| Are you an Aboriginal or Torres Strait Islander? | Yes |  | | | | No | | | |  | | | | |  | | | | | | | | | |
| Do you wish to be identified as having a disability? | Yes |  | | | | No | | | |  | | | | |  | | | | | | | | | |
| Please provide details of your educational qualifications. |  | | | | | | | | | | | | | | | | | | | | | | | |
| Your preferred work status. | Full-time | | | |  | | | | Part-time | | | | | | |  | | Casual | | | |  | | |
| If you wish to work part-time or casual hours, please indicate the days/hours you wish to work. |  | | | | | | | | | | | | | | | | | | | | | | | |
| Positions you are interested in: | Financial Auditor | | | | | | | | | | | Performance Auditor | | | | | | | | Professional Services | | | | |

**PART B-EMPLOYMENT INFORMATION**

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

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

**PART B-EMPLOYMENT INFORMATION cont.**

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