

**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

Have you been employed in the ACT Public Service? (If yes please provide details)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you received a redundancy benefit from an ACT Agency or a non-ACT Govt. employer within the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> 2. Financial Management <input type="checkbox"/> 3. Reviews of Government Services <input type="checkbox"/> 4. Environmental Management Knowledge <input type="checkbox"/> 5. Research & Analytical Skills <input type="checkbox"/> 6. Microsoft Office Packages <input type="checkbox"/> 7. Records Management Skills <input type="checkbox"/> 8. Personnel / HR / Recruitment <input type="checkbox"/> 9. Secretarial / PA / Receptionist <input type="checkbox"/> 10. Supervisory Skills <input type="checkbox"/>
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	

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