Milang & District Community Association Inc. is an Equal Employment Opportunity Employer

All information provided in this Application Form will be treated CONFIDENTIALLY Please write clearly and use BLOCK letters

Section 1: Personal Details
[Ms/Miss/Mrs/Mr] Family Name:
First Name: Other Names:
List any other names by which you have been employed or are known:
Date of Birth:/ Gender: Male
Contact Phone Number: () Mobile:
Email Address:
Address:
State/Territory:Postcode:
How did you hear about <i>Milang & District Community Association Inc</i> ?
Friend MOSHCC Job Network Centrelink Other
Section 2: Eligibility (Tick and attach copy of appropriate identification)
To be eligible for <i>Milang & District Community Association Inc Projects</i> , you will need to be legally entitled to work in Australia.
Are you a permanent Australian Resident? Yes No
You will be required to produce a copy of one of the following documents if you are a successful applicant.
Australian Birth Certificate Australian Citizenship Certificate
Australian Passport
A current Police Clearance may also be required and sought prior to commencement
Section 3: Work Choice: Association Projects offer a range of opportunities to work in different settings & roles eg – office work, volunteer management, project management, planting, nursery work, seed collection, weed control, monitoring trouble spots etc. What would be your choice?
First Project preference: 1
Other preference: 2

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Are you able to find your own transport to proposed pick-up points? Yes No (This will be essential in planning final pickup locations for projects)	
Do you have a current Driver's Licence ?	
Have you undertaken a National Police Clearance in the past 2 years Yes No	
Have you completed Occupational Health and Safety training in the past 2 years	
Yes No	
Section 4: Employment Situation	
Are you currently employed or studying?	
Working Studying Working and Studying	
Voluntary/Community Work Unemployed and looking for work	
If you are working is it?	
Full time permanent Part time permanent	
Casual	
Ideal working hours: Start time: Finish Time:	
If you are unemployed ?	
Are you wishing to participate to meet your Mutual Obligation requirements? Yes No	
Do you have an Activity Agreement with Centrelink? Yes No	
Were you referred to our programs from Centrelink	
Section 5: Employment History (commencing with your CURRENT status). Do you have any objection to your current /previous employer being contacted?	
Tick the appropriate box: Yes No	
Current Employer: Phone No:	
Position: Supervisor:	
Employed from:	
Project or Summary of Work:	
Reason for Leaving:	
Previous Employer: Phone No:	
Position: Supervisor:	

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Employed from: To:
Project or Summary of Work:
Reason for Leaving:
Section 6: Selection Criteria
What would you like to achieve by joining in with this project?
What attracted you to this project?
3. Which of your skills would you like to use to help build this project? (1) (2)
(3)
4. Do you have any previous involvement or interest in environmental, heritage and culture issues?
5. How do you see your involvement contributing to the community?
 From your experience what are some of the challenges of working in a team? Provide an example of your own experience.
7. What skills would you like to develop that will benefit <i>the program</i> ?
Do you have any other interests and hobbies?

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Section 7: Qualifications/Previous Training			
What was the highest level of schooling you have achieved?			
List any courses you have received since leaving school: Certificates, trade certificates, traineeships, diplomas, degrees or other training courses COMPLETED by you. (include any Licences/Tickets) (1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
Do you hold a current First Aid Certification ? Yes No Current To:			
Since leaving school have you started but NOT completed any of the following?			
New Apprenticeship			
University Study			
List all certificates, traineeships, university studies or other training courses you have started. (Recognised Prior Learning (RPL) status may apply for previous training undertaken.			
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
Section 8: Medical Conditions The information you provide here will not prevent you from participating in Milang & District Community Association Inc. Programs, but is required to ensure we can develop suitable plans to assist you while participating in any activity. All information will be treated confidentially and will not be used to discriminate against you.			
Do you have any allergies, medical condition/s, physical impairment, pre-existing injuries or other concern for which you will require assistance to perform the normal duties of a position within Milang & District Community Association Inc. Programs ? Yes: No:			
If yes, what:			
Do you have a disability: Yes: No:			
If yes, provide details:			

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Have you sustained any injuries or illnesses [work related or other ability to perform this work?	wise] that may affect your Yes ☐ No ☐
or	
Have you received Workers' Compensation in the last 10 years?	Yes \(\square \) No \(\square \)
If yes, to either or both, please give details (ie. nature and extent of	of injuries with dates incurred etc):
Section 9: Personal Information	
Are you from a non-English speaking background?	Yes: No:
Are you of Aboriginal or Torres Strait Islander origin?	Yes: No:
If you answered "Yes" please let us know if you require an interpreduring an interview process.	eter service or other assistance
Section 10: Applicant Declaration	
I, declare that form is complete and correct and I understand that if I give any fals	se or misleading information stated
I, declare that form is complete and correct and I understand that if I give any fals in this form or in my resume, that it will render my application void. In making my application to <i>Milang & District Community Association</i>	se or misleading information stated stated stated stated stated state or misleading information stated stat
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Send your Application marked "Private and Confidential" to:

Milang and District Community Association Inc. Human Resources c/- MOSHCC 24 Daranda Tce Milang 08 8537 0687

Enquiries To: Karyn Bradford Phone: 85370687 Fax: 85370397 Email: moshcc@bigpond.com Thank you for your interest in Milang and District Community Association Inc. Section 11: Office Use Only Date Received: _____ Received By: _____ Date Acknowledged: _____ Acknowledged By: _____ Comments: RPL Interview Date____ Time: Interviewers: Position Best Suited For: Availability: _____ Accepted: Start Date: Hours: Supervisor: ___ Payroll Notified: _____

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