OFFICIAL

Parliamentary Budget Office Job application cover sheet

Vacancy number: PBO								
Where did you see this job adve	ertised? APSJC	DBS	www.aph.gov.au or www.pbo.gov.au					
	Linke	d in	Other:					
Part A Personal de	tails							
Given name: Preferred name:								
Surname:								
Contact phone number:	ontact number:							
Email address:								
Residential address:								
			_					
	State:	Postco	de:					
Gender (optional)	Male	Female						
	Non-binary	Other						
Part B Workplace I	Diversity Details							
Do you wish to identify yourself as a member of the following target groups?								
Aboriginal and/or Torres Strait	Islander:	Yes	No					
Person from non-English speaking backgroun		Yes	No					
Person with a disability:		Yes	No					
If selected for interview, will you require any special arrangements to be made? Yes No								
If yes, please advise:								
Part C Citizenship	details							

Are you an Australian citizen?	Yes	No
If No, have you applied for Australian citizenship?	Yes	No

Date of application:

Note: if you are not an Australian citizen you may be considered for engagement on the condition that you are able to gain Australian citizenship within a specified time.

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Part D	Employment deta	ils					
Current / mo	ost recent employer:						
If currently e	employed in the Austra	lian Public Service or Pa	arliamentary Servic	е:			
		Employment type: Ongoing			Non-ongoing		
		Employed as (level):				
		AGS number:					
Do you hold	a security clearance?	Yes	No				
If yes, inc	dicate the level held						
-	cepted a voluntary reduce cy within the last 36 wo	•	onwealth _{Yes}		No		
lf yes, nu	umber of weeks for whic	ch you received a redur	idancy benefit:				
Date of v	voluntary redundancy:						
Name of	agency:						
Have you ev	ver been the subject of	a misconduct/disciplin	ary investigation?	Yes	No		
Has your pe	rformance ever been ra	ited as requiring develo	opment or unsatisfa	ictory? Yes	No		
Part E	Referees						
•	de contact details of tw uld be a current and/or		•	osition. Your no	ominated		
Referee 1		Re	feree 2				
Name:		Na	ime:				
Relationship):	Re	lationship:				
Phone numb	per:	Ph	one number:				
Part F	Confirmation						

By submitting this form with my application, I confirm that the information I have provided above and the details in my attached application are, to the best of my knowledge, true and correct.

Date completed:

Please complete this cover sheet and include it with your application