



Australian High Commission  
Port Moresby

## Job Application Form

Please complete and submit this form in hard copy to the Australian High Commission,  
Human Resources Section or by email to [pngahc.recruitment@dfat.gov.au](mailto:pngahc.recruitment@dfat.gov.au)

Role you are applying for			
Title:	Gardening Supervisor		
Personal particulars			
Given names:		Family name:	
Gender:		Nationality:	
Address:			
Mobile number:		Alternative phone number:	
Email address:			
How should we contact you? (please <input checked="" type="checkbox"/> tick preference)	Email <input type="checkbox"/>	Phone <input type="checkbox"/>	
Your employment history (list your current or most recent employer first)			
Employer name	Position held	Dates from / to	Reason for leaving
Your qualifications and training (leave blank if not applicable. List your most recent qualification first)			
Qualification title	Institution / training provider	Year completed	Study location

<b>Languages you speak and/or write confidently</b> (please <input checked="" type="checkbox"/> tick)		
English	Spoken <input type="checkbox"/>	Written <input type="checkbox"/>
Tok Pisin	Spoken <input type="checkbox"/>	Written <input type="checkbox"/>
<b>Your experience</b> (please <input checked="" type="checkbox"/> tick)		
Experience managing a large gardening portfolio	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Experience leading and managing a large team	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Equal employment opportunity details</b> (completion of this section is voluntary. Please tick <input checked="" type="checkbox"/> )		
Person with a disability:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, do you require any specific support to assist with the recruitment process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please enter details if specific support is required:		
<b>Professional referees</b>		
<b>Primary referee</b>		
Company		Name
Position		Their relationship to you
Phone number		Alternate phone number
Email address		
<b>Secondary referee</b>		
Company		Name
Position		Their relationship to you
Phone number		Alternate phone number
Email address		

**Written application**

Provide a one page statement about how your knowledge, skills, experience and/or qualifications make you suitable for this role.

**All applicants must provide a one-page statement of claims to be considered for any position with the Australian High Commission, Port Moresby.**