



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:	Gardener, Rabaul (Bitu Paka) War Cemetery		
Where did you see this position advertised?			
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"/>	Telephone <input type="checkbox"/>
Your employment history (list your current or most recent employer first)			
Employer	Position	Dates from / to	Reason for leaving
Your experience (please <input checked="" type="checkbox"/> tick)			
Gardening and grounds maintenance experience	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Experience leading and managing staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Languages you speak and/or write confidently (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"/>	
Integrity and Conduct			
In your current or past employment, have you been subject to formal disciplinary action due to your conduct, behaviour or work performance? Examples of disciplinary action include termination of employment, reduction in classification, re-assignment of duties, reduction in salary, deductions from salary by way of fine, a reprimand or formal counselling?		Yes* <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please provide specific details of the disciplinary action, including time and place of employment when the incident/s took place:

**Your qualifications / training** (leave blank if not applicable. List your most recent qualification first)

Qualification title	Institution / training provider	Year completed	Study location

**Equal employment opportunity details** (completion of this section is voluntary. Please tick  )

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:

**Professional referees**

**Primary referee**

Company		Name	
Position		Their relationship to you	
Phone number		Alternate phone number	
Email address			

**Secondary referee**

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.**