

**Department of Defence  
Defence Signals Directorate**

**Personal Particulars of Applicant**

**Please read these notes before completing the form**

- ◆ To assist our recruitment officers to process your application quickly, it is important that you complete each section of this form; and
- ◆ Attach the completed form to the front of your application.

**1. Particulars of the Advertised Position**

Date of Advertisement:	Source of Advertisement (e.g. Gazette, Canberra Times, Website):
Job Reference Number (VF/05..)	Job Classification/level & Branch

**2. Personal Details**

Title (e.g. Mr, Ms, Mrs, Dr):	Family Name:	Given Name(s):
Previous Name(s) (if applicable)		
Date of Birth:	Place and Country of Birth:	

**3. Contact Details**

Home Phone: ( )	Work Phone: ( )	Mobile:		
Home Address:		Suburb:	State:	Postcode:
Mailing address (leave blank if same as above)				
E-mail:				

**4. Citizenship**

Are you an Australian citizen Yes  No

**If not Australian by birth:**

Previous citizenship:	Other current citizenship(s):
Date on which Australian Citizenship acquired:	
Date of Arrival in Australia:	Period resided in Australia:

**5. Employment Details**

Are you employed in the Australian Public Service (APS) Yes  No

**APS Employees**

Ongoing (Permanent)  Non-ongoing (Temporary)  Contractor

Classification/level – Substantive:	Classification/level – Actual
Employee ID (for Defence Employees only)	AGS Number (for current APS employees only)
Old AGS Number (for former APS employees only)	Current Department/Agency:

Have you been formally notified by your Department or Agency that you are potentially Excess or an Excess Employee? Yes  No

- ◆ If yes, please attach a copy of your notification

**Non-APS Employees**

Current Employer:	Position held in current organisation:
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Do you have a current security clearance? Yes  No

Please provide details:
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**6. Australian Defence Force employment**

Are you a current serving member of the Australian Defence Force? Yes  No

Permanent full-time  Reservist full-time  Reservist part-time

**7. Voluntary Retrenchment**

Have you received or are expecting to receive a redundancy benefit from an APS Agency or a non-APS Commonwealth employer?

Yes  No

Date Received:	From which Agency?
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**6. Academic/Training Qualifications**

Year	Qualification	Institution

**7. Have you ever applied to join ASIS, ASIO, DIO, DIGO, DSD or ONA?**

Yes  No

If 'Yes', which agencies did you apply to:

In which year/s did you apply:	And for which positions:
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**8. Referees** (Business/work supervisors, not personal character referees)

First referee	Second referee
Name:	Name:
Employer:	Employer:
Position held:	Position held:
Contact number:	Contact number:
Relationship: (eg current or former supervisor..)	Relationship: (eg current or former supervisor..)

*For referees not employed in the APS, is it acceptable for the referee to be contacted prior to interview.*

Yes  No

**9. Special requirements**

Do you require any special assistance to participate in a further assessment of your application?

(eg wheelchair access, sign language interpreter, etc)

Yes  No

<b>Brief description</b>

**Applicant's statement**

I declare that the information I have provided on this form is complete and correct.

Signature:	Date:
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