



Employment application

with the MTA WA's Automotive Institute of Technology | Group Training Organisation

What position are you applying for?

Apprenticeships

- | | |
|--|--|
| <input type="checkbox"/> Automotive electrician | <input type="checkbox"/> Plant mechanic |
| <input type="checkbox"/> Heavy vehicle mechanical technology | <input type="checkbox"/> Vehicle body builder |
| <input type="checkbox"/> Light vehicle mechanical technology | <input type="checkbox"/> Vehicle body technician (paint) |
| <input type="checkbox"/> Outdoor power equipment | <input type="checkbox"/> Vehicle body technician (panel) |
| <input type="checkbox"/> Motor cycle technology | |

Student Contact Details

Given Name/s:	Surname:
Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Postal Address:	Suburb: P/C:
Street Address:	Suburb: P/C:
Phone:	Mobile:
Email:	USI No:

Emergency Contact Details

Given Name/s:	Surname:
Relationship:	
Postal Address:	Suburb: P/C:
Street Address:	Suburb: P/C:
Phone:	Mobile:
Email:	

Supplementary Details (Details provided will NOT be a barrier for employment but will assist the Institute in assessing opportunities for placement in appropriate employment)

If you are unsuccessful in your apprenticeship or traineeship application do you want to complete a pre-apprenticeship? Yes No

Do you hold a valid drivers licence? Yes No If YES, what is the expiry date?

In which country were you born?

Are you an Australian or New Zealand citizen or permanent resident? Yes No (if no please attach a copy of your visa showing permission to work in Australia)

If you are a New Zealand citizen or hold an appropriate visa, how long have you lived in Australia? _____ years _____ months

Are you of Aboriginal or Torres Strait Islander background? Yes (Aboriginal Torres Strait Islander) No

Do you speak a language other than English at home? No Yes (If yes, which language?)

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If YES to the above, please indicate the areas of disability, impairment of long-term condition. You may select more than one.

Hearing/Deaf Intellectual Physical Mental Illness Acquired Brain Impairment

Learning Vision Medical Condition Other (please detail below)

MTA WA's Automotive Institute of Technology GTO | *Employment Application*

Have you ever made a claim for workers compensation? *(If YES, please give details below)*

Yes No

Do you have any current convictions for any offences from any court, or are you currently the subject of any charge or pending before the court? *(If YES, please give details below)*

Yes No

Education History

Are you currently studying? No Yes *(if yes, college/school/institution name)*

If 'Yes', at what level are you currently studying? Year 10 Year 11 Year 12 Other *(please detail)*

What is your highest level of education? Year 10 Year 11 Year 12 Did not go to school

Other *(please detail)*

Have you completed any pre-vocational, vocational or tertiary qualifications? No Yes *(if yes, please list below)*

Academic Record - *Please detail results in your final/current year of education. Which year are these results for?*

Subject	Results	Subject	Results

Please attach your most recent academic report and results and any other qualifications.

Work History

Of the following, which best describes your current work status?

Full Time Employee Part-Time Employee Casual Employee Self Employed Unemployed Student

Employment History - *Please detail your employment history*

Employer	Position	From (year)	To (year)	Type of employment

Have you done, or are you doing any voluntary or community work? No Yes *(if yes, please detail)*

Have you done, or are you doing any work experience? No Yes *(if yes, please detail)*

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Reference - Please list at least three references

Name	Business	Phone	Email

Privacy Notice

1. Motor Trade Association of WA will collect my Personal Information as that term is defined in section 6 of the Privacy Act 1988, including:

- Personal data, such as my name and date of birth;
- Employer and apprenticeship/traineeship details; and
- Residential address.

2. Motor Trade Association of WA may also disclose my personal information to another party without my consent where authorised or required by law, but will not disclose my personal information to another party in any other circumstance.

I consent to the release of my personal information for the above purposes.

Signature:

Date:

Name (Printed):

Office Use Only

Received by: _____

Date processed: _____

Authorisation Stamp

MTA WA's Automotive Institute of Technology
www.mtawa.com.au | 9233 9800
PO Box 1060, BALCATTA WA 6914



Please return this form to MTA WA's Automotive Institute of Technology via email to studentinfo@mtawa.com.au or via post to PO Box 1060, Balcatta WA 6914.