



Employment Application Form

MTA WA Training Inc. | Group Training Organisation

Preferred Position

Please select the apprenticeship that you're applying for.

<input type="checkbox"/> Heavy vehicle mechanical technology	<input type="checkbox"/> Vehicle body builder
<input type="checkbox"/> Light vehicle technology	<input type="checkbox"/> Vehicle body technician (paint)
<input type="checkbox"/> Outdoor power equipment	<input type="checkbox"/> Vehicle body technician (panel)
<input type="checkbox"/> Motorcycle technology	<input type="checkbox"/> Heavy fabrication welder
<input type="checkbox"/> Plant mechanic	

Student Contact Details

Given Name(s):	Email:
Surname:	Street Address:
Birth Date:	
Gender:	Suburb:
Mobile:	Postcode:
USI Number:	

Emergency Contact Details

Given Name(s):	Relationship:
Surname:	Street Address:
Birth Date:	
Gender:	Suburb:
Mobile:	Postcode:

MTA WA Training Inc.

www.mtawa.com.au / 08 9233 9800 / P.O BOX 1060, Balcatta WA 6914

Version 9: July 2024

Supplementary Details

(Details provided will NOT be a barrier for employment but will assist MTA WA Training 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a valid driver's licence? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, what is the expiry date?</i>
In which country were you born?
Are you an Australian or New Zealand citizen or permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, please attach a copy of your visa showing permission to work in Australia)</i>

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? <i>(See below)</i>
<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No

Do you consider yourself to have a disability, impairment or long-term condition?
If YES to the above, please indicate the areas of disability, impairment of long-term condition. You may select more than one.
<input type="checkbox"/> Hearing / Deafness <input type="checkbox"/> Intellectual <input type="checkbox"/> Physical <input type="checkbox"/> Mental Illness <input type="checkbox"/> ADHD / ADD
<input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other <i>(Please detail below)</i>

Have you ever made a claim for workers compensation? <i>(If YES, please give details below)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> 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? <i>(If YES, please give details below)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No

Education History

Are you currently studying? <input type="checkbox"/> No <input type="checkbox"/> Yes
--

If YES - College / Institution Name:
Year level:
What is your highest year level of education?
Have you completed any pre-vocational or tertiary qualifications? <input type="checkbox"/> No <input type="checkbox"/> Yes

Academic History

Subject	Results
<i>Please attach your most recent academic report and results and any other qualifications</i>	

Work History

Of the following, which best describes your current type of employment?

Full Time Employee Part-Time Casual Self Employed Unemployed

Employment History

Please detail your employment history.

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

Volunteering

Have you done or are you doing any voluntary or community work?

No Yes (if yes please detail)

Work Experience

Have you done or are you doing any work experience?

No Yes *(if yes please detail)*

References

Please list at least 3 references

Name	Business	Phone	Email

Privacy Notice

- Motor Trade Association of Western Australia 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
- Motor Trade Association of Western Australia 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):

Please return this form to MTA WA Training via email to gtoemp@mtawa.com.au or via post to P.O Box 1060, Balcatta WA 6914.

MTA WA Training Inc.

www.mtawa.com.au / 08 9233 9800 / P.O BOX 1060, Balcatta WA 6914

Version 9: July 2024