

WESTERN AUSTRALIA POLICE FORCE
CHILDREN'S CROSSINGS UNIT

ROAD POLICING DIVISION
2 CLAYTON STREET, MIDLAND

TELEPHONE: (08) 6274 8731

WESTERN AUSTRALIA 6056

Dear Applicant

Please find enclosed an *Application for the position of Traffic Warden*. In order to be successful with your application, there are certain requirements, as outlined on the front page. It is very important to **complete all sections** and **return the entire application**, in full, **even if a section does not relate to you**.

The position has an hourly rate of pay of \$32.13 inclusive of a 25% casual loading in lieu of public holidays, annual leave & sick leave. The hourly rate of pay will be increased from time to time in accordance with amendments to the *Western Australia Police School Traffic Wardens Agreement 2011*.

Please note that when you have worked as a Traffic Warden for a period of one month, you may be eligible for reimbursement of up to \$70 (for your Health Assessment) and further reimbursement (for the cost of the Working with Children Card), in addition to payment for the training time.

If there is no immediate work available, applicants who are considered suitable for the position of Traffic Warden will be placed in a recruitment pool, and will be considered for employment when opportunities for relief work arise in their local area.

Should you have any further enquiries, please contact the Children's Crossings Unit on **6274 8731** between the hours of 8.00am and 3.00pm.

We wish to thank you for your interest in becoming a Traffic Warden.

Yours sincerely

C Taylor

Carole Taylor Coordinator

APPLICATION FOR THE POSITION OF TRAFFIC WARDEN

Thank you for your expression of interest, please find attached the necessary forms to assist you in applying for a position as a Traffic Warden (see below). Please note that you are **not required** to obtain a Police Clearance nor a Working with Children Card as a part of this application process.

- Traffic Warden Application form
- Pre-Commencement Integrity Check Consent

Upon completion the **Application forms** and **Integrity Check form** should be forwarded to:

childrenscrossingsunitsmail@police.wa.gov.au

or

TW Vacancies Children's Crossings Unit PO Box 1797 MIDLAND DC WA 6936

Successful applicants are employed dependent upon:

- Suitable vacant position
- Satisfactory Health Assessment Report
- Satisfactory Integrity Check
- Being in possession of a current WA Motor Drivers Licence
- Available to work all 10 weekly shifts if required
- Successful completion of the training course
- Access to a reliable vehicle

THE HEALTH ASSESSMENT REPORT IS NOT INCLUDED IN THIS APPLICATION.

You will be contacted when you have been cleared through the initial application processes, and will automatically be sent a copy of the Health Assessment Report, as the final part of the application process (see below).

INSTRUCTIONS FOR HEALTH ASSESSMENT

- 1. Arrange an appointment for your doctor to conduct your Health Assessment. The medical assessment costs will be the responsibility of the applicant initially. You may be eligible for reimbursement of up to \$70 for your Health Assessment once you have completed one month of work as a Traffic Warden (receipt required).
- 2. Have your doctor fill out the Health Assessment Report. Your doctor must send the Completed assessment report marked "confidential" to either:

childrenscrossingsunitsmail@police.wa.gov.au

or

TW Health Assessments Children's Crossings Unit PO Box 1797 Midland DC W.A. 6936

Please Note: The doctor is NOT to return the report to you.

When your application has been fully completed and approved, you may be invited in for training. Training costs are waived for those seeking employment with the WA Police. Once your employment has been confirmed you will need to apply for a Working With Children Card within 5 working days (Application Forms can be obtained from the Children's Crossings Unit and lodged at your local Post Office).

When you have worked as a Traffic Warden for a period of one month you will be eligible for reimbursement for the cost of Working With Children Card and payment for the training time (usually 4 hours).

TRAFFIC WARDEN APPLICATION FORM

(Please print all details)

TITLE: MR / MRS / MS / MISS	S	SURNAME:					
GIVEN NAMES: PREFERRED NAME:							
DOB:	C	COVID VACCINATION STATUS	:				
ADDRESS:							
SUBURB:	Р	OST CODE:					
CONTACT (HOME):	(1	MOBILE):					
EMAIL ADDRESS (Required):							
COMPLETE THE FOLLOWING BY TICKING TH	E APPRO	OPRIATE OPTION (REQUE	RED)				
Are you a permanent resident of Australia?				Yes		No	
Do you have a valid (not expired) Western Australia	Workin	g with Children Card?		Yes		No	
			,			-	
Do you have your own reliable transport that will be	e availak	ole to you for warden duties?	?	Yes		No	
Registration:		Engine Capacity (cc):		,		-	
Do you have a Western Australia's Driver's License?	?			Yes		No	
WA Driver's License No:	Class:	,	Expiry D	ate	/	/20	
Have you previously been employed by the WA Police as a Traffic Warden?						No	
(If YES, Provide details)							
Have you ever had a work-related injury or illness o	r claime	d any worker's compensatio	n?	Yes		No	
(If YES, Provide details)							
						T	
Traffic Wardens are expected to be available to wo				Yes		No	
an hour in the morning and an hour in the afternoon. Are you available to work all of these							
shifts if required?							
	tele elete	liti /If Assoliantala					
Please provide details of any person assisting you w	/ith this i						
Name:		Contact:					
CONDITIONS: (A) I shall provide immediate notice to the Childre "Crossing". (B) I shall not operate any "Crossing" whilst 'une DECLARATION: I declare that all the above statements and attached any statement which is found to be false or deliberate consent to the Western Australia Police conducting	der the i supporte tely misl a Crimin	influence of alcohol or drug ed information are true in al leading will make me, if empl nal/Traffic record and integr	gs'. l respects loyed, lial ity check	. I ack ble for upon	knowle dismi me.	edge tl issal I	hat
*SIGNED: DATE:/_	/20	*WITNESS:		_ DA	IE:	_/	/20
(Name of wi * <u>Applicant / Witness</u>	itness - p <u>s <i>name</i>, s</u>	rint) ignature and date are required	<u> </u>				_

IMPORTANT GUIDELINES PLEASE READ AND SIGN

Please be aware that the Children's Crossing Unit are unable to proceed with your application until we are formally advised that your health assessment and integrity checks have been supported and you are cleared for employment with the WA Police. These processes are carried out externally to the Children's Crossing Unit and together may take between 2 - 8 weeks, depending on whether you have lived outside Western Australia or overseas.

If a suitable vacancy does not exist at a children's crossing you may be employed as a relief warden on an ad hoc basis. As a relief warden you will be required to advise us in advance of your availability and may be required to travel outside of your local area. If you are required to travel in excess of 10 km to work you may be entitled to claim a motor vehicle allowance for any distance over that 10kms per shift. In most instances you will not be required to travel in excess of 40 km.

Wardens are employed under a year to year (annual) contract and may be allocated to specific crossings or relief work dependent on the operational needs of the Children's Crossing Unit.

The WA Police Force is an Equal Opportunity Employer and wardens may work up to 10 hours per week.

Should no vacancies of any type currently exist in your area, your name will be placed on a waiting list and should a suitable position become available you will be contacted in due course.

All people who complete and are deemed competent in training will be provided with a Certificate of Appointment to Control Vehicles and Pedestrians at Crossings.

I have understood and agree to the above guidelines

NAME:	SIGNED:	DATE://20

APPLICANT'S NAME:

(Pleas	e complete in block letters AND write inside the box)
NAME	
RELATIONSHIP	
ADDRESS	
SUBURB:	POST CODE:
HOME: ()	MOBILE: <u>+ 6 1</u>
NAME	
RELATIONSHIP	
ADDRESS	
SUBURB:	POST CODE:
HOME: ()	MOBILE: <u>+ 6 1</u>
	<u> </u>
NAME	
RELATIONSHIP	
ADDRESS	
SUBURB:	POST CODE:
HOME: ()	MOBILE: <u>+ 6 1</u>
For any additional info	rmation:



PERSONNEL SECURITY VETTING UNIT

INTEGRITY CHECK APPLICATION AND CONSENT FORM

WA Police Force Requesting Officer emails completed form to: PSVU - Integrity Checking Cell SMAIL

INSTRUCTIONS FOR THE WA POLICE FORCE REQUESTING OFFICER

- The requesting officer must complete all fields in Section 1.
- The applicant must personally complete Sections 2 6.
- Parental / legal guardian consent in Section 7 is required for any applicant under 18 years of age.
- The requesting officer is to ensure the applicant has fully completed all fields in Section 2 6 and parental / legal guardian consent provided in Section 7 for any applicant under 18 years of age.
- BLOCK PRINT or type all details clearly and legibly.
- If the item is "Not Applicable" enter N/A.
- Blank fields will not be accepted. Failure to have all fields completed will result in the form being returned for full completion.

	n 1 – REQUESTING AREA ne WA Police Force Requesting Officer		
1.1 Requesting Area:	Children's Crossings Unit		
1.2 Requesting Officer:	PD62270 Anderson		
1.3 Provide SMAIL account for Integrity Check result to be sent back to:	childrenscrossingsunitsmail@police.wa.gov.au		
1.4 Date result required by: If urgent, provide <u>full</u> justification / reason.			
1.5 Applicants intended role at the WA Police Force and description of work to be undertaken:	Traffic Warden - Control and direct vehicles and pedestrians at children's crossings		
1.6 Working with Children (WWC) Will applicant have contact with children as a requirement of their role. Includes any form of physical contact, oral communication (whether face-to-face, telephone, electronic communication or otherwise? Typically, relevant areas would include, but not be limited to, Traffic Warden, Family Violence Division, Child Abuse Squad, Community Engagement etc.	a) ∑ YES ☐ NO If No, continue to Q1.7. If 'YES', list work area/s and reason for contact and answer Q1.6 b or c. Work area/s: Children's Crossing Reason/s applicant will have contact with children for the role: Supervision of children using the crossing b) Does applicant have a currently valid / active WWC card on WWC website? ☐ YES ☐ NO Requesting Officer is responsible to confirm. WWC card number: Expiry date: c) Does applicant have a WWC application assessment process pending / in progress? ☐ YES ☐ N/A If yes, application date:		
1.7 Will the applicant have access to high risk or secure areas? e.g.: Gang Crime, Organised Crime, TRG, armouries, evidence lockers, etc.	☐ YES ☑ NO ☐ NOT KNOWN If 'YES', list work area/s.		
1.8 Will the applicant be unsupervised?			
1.9 Will the applicant have after-hours (out of business hours) access?	☐ YES ☒ NO ☐ NOT KNOWN If 'YES', provide details.		
1.10 Is computer access required?	☐ YES ☑ NO ☐ NOT KNOWN If yes, list systems accesses required e.g.: IMS, IDM, CAD etc.		
1.11 If yes, list systems accesses required e.g.: IMS, IDM, CAD etc.	⊠ N/A		
1.12 Will the applicant have remote access? e.g.: locally (WFH), interstate, overseas etc.	☐ YES ☑ NO ☐ NOT KNOWN If 'YES', provide details.		

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OFFICIAL: Sensitive

PERSONNEL SECURITY VETTING UNIT

Integrity Checking Cell

INSTRUCTIONS FOR APPLICANT

- Sections 2 6 must be personally completed by the applicant only.
- Parental / guardian consent in Section 7 is required for any applicant under 18 years of age.
- BLOCK PRINT or type all details clearly and legibly. Ensure the form is signed and dated as indicated on the last page.
- All questions must to be answered fully. If the item is "Not Applicable" enter N/A.
- <u>Blank fields will not be accepted</u>. Failure to have <u>all fields completed</u> will result in the form returned for full completion.
- When answering "YES", provide details. Use continuation sheet if required, ensuring relevant question number is referenced.
- While a criminal record or adverse disclosure does not necessarily disqualify you as an applicant, failure to truthfully answer the following questions may invalidate your application.

	SECTION 2 – BIOGRAPH	HICAL DATA	
	To be completed by A	Applicant	
2.1 Surname (family name):			
2.2 All Given Names:			
2.3 Have you ever used or been known by any other name, alias or nickname?	☐ YES ☐ NO If 'YES', provide other <u>full</u> name/s us <u>Full</u> Name	ed / known by, reason for char Reason	nge and date / applicable period Date / Period
			0
2.4 Date of Birth and Sex:	Date of Birth (dd/mm/yyyy)	☐ Female	Sex
2.5 Place of Birth:	Town	State	Country
2.6 Citizenships / Visa Status: List <u>all</u> citizenships held / relevant countries			
2.7 Motor Drivers Licence (MDL): List all MDL details held	Licence #	State/Country Issued	Expiry date
2.8 Phone Numbers:	Mobile	Home	Work
2.9 Email Address/s:	Personal / Work / Other Email		
2.10 List ALL your Social Media Accounts and provide the link:	Website	User	/ Profile Name / Link
	Website	Website Use	
	Website	User	/ Profile Name / Link
2.11 Current Occupation:			

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Integrity Checking Cell

2.12 Employment history: List <u>all</u> current and previous employers (<u>in full</u>) for <u>past 5 years</u> , within Australia and overseas) Ensure there are <u>no gaps</u> in date history. Post office box addresses will not be accepted.	Company / Business Nar (e.g. 1 Smith St, Per (current / most re	th WA 6000)	Date From	Date To CURRENT DATE	Reason for Leaving			
2.13 Have you previously undergone an integrity check by WA Police Force?	If 'YES', provide details / out							
2.14 If a former WA Police Force employee / contractor, provide PD Number:	□ N/A PD							
2.15 Have you ever undergone an Australian Government security	☐ YES ☐ NO If 'YES', provide details, eve finalised	n if clearance was no	t granted or asse	essment proces	ss not completed /			
clearance assessment process? (BLV, NV1, NV2 or PV)	Issuing Agency / Department	9, 9, 9, 1, 1		nce Outcome	Date of Outcome			
2.16 Residential address history:	Full Residential Address (e.g.: 1 Smith Street, Perth WA 6000) (current / most recent first)			(current / most recent first)		erth WA 6000)	Date From	Date To
List <u>all</u> residential addresses (<u>in full</u>) for the <u>past 5 years</u> , including <u>all</u> permanent and temporary addresses within Australia and overseas:					CONNENT DATE			
Ensure there are <u>no gaps</u> in date history. Post office box addresses will not be accepted.								
	SECTION 3 - INT	EGRITY DECLA	RATION					
3.1 Have you <u>ever</u> been charg convicted of <u>any</u> civil, criminal offences, either in Australia or Note: You are not required to provide Convictions in this application under the Convictions Act 1988 (WA).	or traffic overseas? If 'YES', provious including date	de full details,						
3.2 Do you currently have any matters pending against you, e Australia or overseas?		NO de full details						
3.3 Have you <u>ever</u> received or issued with a Restraining Order Violence Order, Police Order or Order or equivalent (as the 'resperson)?	r, Domestic If 'YES', provider Interim							

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FREEDOM OF INFORMATION ACT (WA) 1992

This document was created by an exempt agency, namely the Internal Affairs Unit, and may be an exempt document under Schedule 1, Clause 5(2) (a) of the Freedom of Information Act (WA) 1992. All enquiries relating to the potential release of this document should be directed to the Superintendent of the Internal Affairs Unit.

PERSONNEL SECURITY VETTING UNIT

Integrity Checking Cell

3.4 Have you <u>ever</u> been investigated by any Police, Defence Force, Government Department (Federal, State, Local), or other agency either in Australia or overseas, whether or not it resulted in a charge or conviction?	YES NO If 'YES', provide full details, including dates	
3.5 Have you ever had or have any family members, relatives, friends and / or associates who have been charged, convicted or involved in any criminal activity, either in Australia or overseas?	JES NO If 'YES', provide full details including dates, names charges, convictions, and type of criminal activity if known	
 3.6 Are you the subject of any of the following allegations (historic or current)? a) offences or misconduct of a sexual nature, against, with, or in the presence of a child; b) violence, or threat of violence, against, with, or in the presence of a child; c) significant neglect of a child; or d) causing significant emotional or psychological harm to a child. Note: If allegation/s led to a spent conviction/s you are not required to provide details (refer Q3.1 note). 	YES NO If 'YES', provide full details, including dates, type of activity / incident, outcome etc.	
3.7 Is there anything in your background that could be deemed a conflict of interest or contrary to the reputation, ethos or values of the WA Police Force? e.g.: business interests, personal conduct, unlawful conduct not covered above, employment issues (complaints, internal investigations, terminations etc.), club / organisation memberships, personal associations or links to criminal entities, overseas connections, security breaches etc.	YES NO	
3.8 Is there <u>any other</u> information that you consider may be relevant to your integrity check assessment?	YES NO	
SEC	CTION 3 - CONTINUAT	TION SHEET
Question Number	De	etails

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PERSONNEL SECURITY VETTING UNIT

Integrity Checking Cell

SECTION 4 – APP	LICANT	S CHECK LIST					
Copies of the following documents <u>must</u> be submitted with your application in order for it to progress.							
Have you provided copies of all required supplementary provide copies of any document listed below, a statutory	documer declarat	its? If you are unable to on is required?	Yes	No	N/A	Attached	
4.1 Change of name document (in English language)							
4.2 If you currently hold or ever held an Australian Gover provide evidence from the issuing agency.	rnment se	ecurity clearance,					
4.3 Copy of WWC card (including proof it's active / curre copy of pending WWC application assessment notice or		<u>WWC</u> website), or a					
If you have relocated / immigrated to Australia in the past	5 years, c	opies of the following doc	ument	s are t	o be pr	ovided:	
4.5 Current citizenship certificate and / or Australian visa							
4.6 Current passport bio data page (page with photo & persor	nal details)						
4.7 Full birth certificate (in English language). Certificate	must inc	ude parent's details					
4.8 Overseas police record check / certification (in English in for more than 6 months other than Australia)	language)	for each country lived					
				NAME OF STREET			
SECTION 5 – INTEGRITY CHECK AUTHORI	TY / DIS	CLAIMER - Use of Perso	onal Ir	forma	ation		
To: Commissioner of Police							
Full Given Names		Surname / Family Na	me		Date	of Birth	
From:						,	
I agree to undergo an integrity check to ascertain my suit consent to the Commissioner of Police and / or his authorices and by them and that after such enquiries to:	I agree to undergo an integrity check to ascertain my suitability for / with the Western Australia Police Force and hereby consent to the Commissioner of Police and / or his authorised agent conducting whatever enquiries are considered necessary by them and that after such enquiries to:						
 report on my character and / or reputation, and any known and / or suspected criminal and / or improper activity, and associates, antecedents or circumstances of myself; provide an opinion on my suitability for / with the Western Australia Police Force; I acknowledge that the integrity check conducted on me by the Western Australia Police Force may include checking relevant information about any person associated with my integrity check assessment; and I acknowledge that should the outcome of this assessment be 'Not Supported', the Personnel Security Vetting Unit will not provide any feedback relating to either the assessment, or the outcome. 							
I also give consent to my previous / current employer(s) and / or any other person or entity to release any personal information about myself to the Commissioner of Police and / or his authorised agent to enable discussions to be conducted in confidence between the Commissioner of Police and / or his authorised agent and the person or entity releasing the information relating to the integrity evaluations. I further permit these persons or entities to give information and opinions to the Western Australia Police Force about me in any form or kind including documents for the purpose of evaluating my suitability. I also accept that these views shall remain confidential unless the persons or entities giving and / or affected by such views have expressed consent to enable third party disclosure.							
Applicant's signature					Date		

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PERSONNEL SECURITY VETTING UNIT

Integrity Checking Cell

SECTION 6 - DECLARATION OF STATEMENT TO THE WA POLICE FORCE

I declare that the statements I have made and the information I have given are true to the best of my knowledge and belief. I have not withheld any relevant information required of this application, or made any false or misleading representation.

Applicant's signature	Date

SECTION 7 - PARENTAL / LEGAL GUARDIAN CONSENT - If applicant is under 18 years of age

I declare that I am a parent / legal guardian of the applicant who is under 18 years of age at the date this form is signed, and I give my consent for him / her to undertake an integrity check process conducted by the Personnel Security Vetting Unit, Western Australia Police Force. I acknowledge that the integrity check process is conducted to ascertain his / her suitability for / with the Western Australia Police Force and hereby consent to the Commissioner of Police and / or his authorised agent conducting whatever enquiries are considered necessary, by them.

I acknowledge that the integrity checking process consists of a series of assessments and background checks to ensure that people entrusted with access to Western Australia Police Force information, resources, assets, premises etc.:

- are eligible to have access:
- have had their integrity established;
- are suitable to have access; and
- are willing to comply with the standards that safeguard those resources against misuse.

Parent / Guardian full name & date of birth:					
Full Given Names		Surname / Family Name		Date of Birth	
Relationship to Applicant:					
Residential Address:					
Phone Numbers:	Mobile	Home		Work	
Parent / Guardian signature:				Date	

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