



SHIRE OF WEST ARTHUR

APPLICATION FOR EMPLOYMENT

POSITION DETAILS

| |
|---|
| POSITION YOU ARE APPLYING FOR: _____ |
| (Circle applicable) Permanent/ Temporary/ Part time/Casual |

PERSONAL DETAILS

| | |
|---------------------------|--------------|
| SURNAME: | GIVEN NAMES: |
| POSTAL ADDRESS: | |
| EMAIL ADDRESS: | |
| MOBILE PHONE: | HOME PHONE: |
| DATE OF BIRTH: (optional) | |

DRIVERS LICENCE

| | |
|---------------------------|--------------|
| DRIVER'S LICENCE CLASSES: | EXPIRY DATE: |
|---------------------------|--------------|

NATIONALITY/CITIZENSHIP

| | | |
|---|------------------------------|-----------------------------|
| ARE YOU AN AUSTRALIAN CITIZEN? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| IF "NO" DO YOU HAVE A CURRENT VISA? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| NOTE: IF SUCCESSFUL YOU WILL BE REQUIRED TO PROVIDE DETAILS | | |

EDUCATIONAL QUALIFICATIONS (University, TAFE, Trade Certificates, Tickets, Short Course etc

| QUALIFICATION: | COMPLETED DATE: | EXPIRY DATE: (if applicable) |
|----------------|-----------------|------------------------------|
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POLICE CLEARANCE: (only applicable if a requirement of Position)

| | | |
|---|------------------------------|--|
| DO YOU POSSESS A POLICE CLEARANCE: | <input type="checkbox"/> Yes | <input type="checkbox"/> No (if No please see below) |
| DATE OF RECEIPT (must be within 3 months) | | |
| IF "NO" WOULD YOU BE WILLING TO OBTAIN PRIOR TO COMMENCEMENT? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



SHIRE OF WEST ARTHUR

EMPLOYMENT HISTORY

| CURRENT/MOST RECENT | POSITION | FROM | TO |
|---------------------|----------|------|----|
| | | | |

REASON FOR LEAVING:

| SECOND MOST RECENT | POSITION | FROM | TO |
|--------------------|----------|------|----|
| | | | |

REASON FOR LEAVING:

| THIRD MOST RECENT | POSITION | FROM | TO |
|-------------------|----------|------|----|
| | | | |

REASON FOR LEAVING:

IS THERE ANY FACTOR WHICH COULD PREVENT YOU WORKING REASONABLE OVERTIME EITHER IN THE AFTERNOON OR ON WEEKENDS, IF REQUIRED?

HEALTH:

IF REQUIRED, WOULD YOU BE WILLING TO UNDERGO A MEDICAL EXAMINATION?

Yes No

IS THERE ANY FACTOR WHICH CAUSES YOU TO TAKE FREQUENT TIME OFF WORK OR EFFECTS' YOUR ABILITY TO PERFORM THE DUTIES?

Yes No

COMMENTS: (optional)



SHIRE OF WEST ARTHUR

WORKERS COMPENSATION

HAVE YOU MADE A WORKERS COMPENSATION CLAIM? Yes No

If yes, please give details:

Four horizontal lines for providing details of a workers compensation claim.

Any information provided will not preclude you from obtaining employment but will assist the employer to manage any existing injuries/conditions.

Reference: Please provide three relevant work referee's

1. Referee Name: _____
Position Title: _____
Referee Workplace: _____
Referee contact number: _____
Position you held: _____
Dates: _____

2. Referee Name: _____
Position Title: _____
Referee Workplace: _____
Referee contact number: _____
Position you held: _____
Dates: _____

3. Referee Name: _____
Position Title: _____
Referee Workplace: _____
Referee contact number: _____
Position you held: _____
Dates: _____

DISCLAIMER AND SIGNATURE:

I declare that all information given is to be true ad correct to the best of my knowledge. I have not withheld any information nor made any false or misleading representation required by this application. I understand that proof of identity and other relevant information will be supplied should I be a successful candidate for the Shire of West Arthur.

Signature: _____ Date: _____