



# SHIRE OF WEST ARTHUR

## APPLICATION FOR EMPLOYMENT

### POSITION DETAILS

POSITION YOU ARE APPLYING FOR: _____
(Circle applicable) <b>Permanent/ Temporary/ Part time/Casual</b>

### 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:
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### 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)

### 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



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## 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 and 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: \_\_\_\_\_

We would like to thank you for taking time to complete this form.

Please submit with your resume and application