

Application for Employment

Shire of West Arthur
 PO Box 112
 31 Burrowes Street
 Darkan WA 6392
 T: (08) 9736 2400
 E: shire@westarthur.wa.gov.au



POSITION DETAILS				
Position				
Classification	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	Part-time <input type="checkbox"/>	Casual <input type="checkbox"/>

PERSONAL DETAILS			
Surname		Given Names	
Postal Address			
Email Address			
Mobile Phone		Home Phone	
Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
DL Class	C <input type="checkbox"/> LR <input type="checkbox"/> MR <input type="checkbox"/> HR <input type="checkbox"/> HC <input type="checkbox"/> MC <input type="checkbox"/>	Expiry Date	
Licence Conditions			
Nationality	Australian <input type="checkbox"/> Other <input type="checkbox"/>	ATSI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Visa	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type	

QUALIFICATIONS (Trade Certificates, TAFE, Tickets, Short Courses, University etc.)

Qualification	Date Completed	Expiry Date (if applicable)

POLICE CLEARANCE (only applicable if requirement of position)

Do you possess a Clearance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Issue	
Would you be willing to obtain prior to commencement?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

EMPLOYMENT HISTORY

Current/Most Recent Employer	Position	Employment Dates
Reason for leaving		
Second Most Recent Employer	Position	Employment Dates
Reason for leaving		
Current/Most Recent Employer	Position	Employment Dates
Reason for leaving		
Is there any factor which could prevent you working reasonable overtime either in the afternoon or weekends, if required?		

HEALTH

Would you be willing to undergo a medical examination?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any factor which causes you to take frequent time of work or affects your ability to perform the duties of your position?	Yes <input type="checkbox"/> No <input type="checkbox"/>

WORKERS COMPENSATION

Have you ever made a Workers Compensation Claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details	Date of Claim	

REFERENCES (Please provide three relevant work referees)

1. Name	
Position	
Workplace	
Contact Number	
Your Position	
Dates Employed	

2. Name	
Position	
Workplace	
Contact Number	
Your Position	
Dates Employed	

3. Name	
Position	
Workplace	
Contact Number	
Your Position	
Dates Employed	

DISCLAIMER

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

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

Please submit with your resume and application.