

# Application for Employment

Shire of West Arthur  
31 Burrowes Street  
Darkan WA 6392  
T: (08) 9736 2222  
F: (08) 9736 2212  
E: shire@westarthur.wa.gov.au



Thank you for your interest in this position with the Shire of West Arthur. Please complete the following questions and attach with your application.

## Vacancy Details

Position Title: \_\_\_\_\_

## Personal Details

Surname: \_\_\_\_\_ Title:  Mr  Mrs  Ms  Miss

Given Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Are you an Australia Citizen or permanent resident of Australia?  Yes  No If no,

Do you currently hold a Visa allowing you to work in Australia?  
(If yes, please attach a copy)  Yes  No

Do you hold a current Motor Vehicle Driver's License?  
(If yes, please provide details)  Yes  No

State: \_\_\_\_\_ Class(es): \_\_\_\_\_ Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Do you hold a current:  National Police Clearance  Working with Childrens Check

OR  willing to obtain clearance/s.

## Recruitment Sources

How do you first become aware of this vacancy?

- |  |  |
|--|--|
| <input type="checkbox"/> Shire of West Arthur website  | <input type="checkbox"/> Other website   |
| <input type="checkbox"/> Local Government Jobs website | <input type="checkbox"/> Local newspaper |
| <input type="checkbox"/> WA Govt Jobs website          | <input type="checkbox"/> West Australian |
| <input type="checkbox"/> Word of mouth                 | <input type="checkbox"/> Other           |

### Attachments

Please ensure you have attached all the required documents (see *Information for Prospective Applicants* for details).

- Cover Letter
- Referees (2 contactable work referees, preferably supervisors or managers)
- Resume/Curriculum Vitae
- Copies of relevant qualifications

### Availability

How soon would you be able to commence work?  
(If currently employed, what is the minimum period of notice required?)

### Declarations

To the best of your knowledge, do you have a medical condition, injury or disability that would impact your ability to undertake the duties of the position you applied for?

- Yes  No

If “yes”, please provide details of condition:

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### Workers’ compensation claim

Have you ever made a workers compensation claim?

- Yes  No

If “yes”, please describe claim details (e.g., year of injury, what type of injury, company worked for, period off work, etc.):

Year of injury	Type of injury	Name of Company	Period off work

Are any claims still current?  Yes  No

If “yes”, please provide details of current claims:

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**Criminal Convictions**

Have you ever been convicted of any offence in any court, or are you currently subject to any charges pending before court, or the subject of an investigation before a tribunal? *(You do not need to give details of any conviction which you have had declared spent under the "Spent Convictions Act 1988".)*

Yes  No

**If "yes", please provide details:**

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**Applicant Declaration**

I declare that all the above statements and attached supporting information are true in all respects and consent that this information will be stored and used for the purposes of assessing suitability for employment. I understand that in providing referees I consent to them being contacted. I acknowledge that any statement which is found to be false or deliberately misleading will make me, if employed, liable for dismissal. *(If submitting a hard copy, please sign and date. If emailing, please enter your name and date, we will consider this consent as described above.)*

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

