

Application for Employment



1. Vacancy Details

Position Title: _____

2. Personal Details

Surname:	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
Given Names:	Date of Birth:
Residential Address:	
Suburb:	Postcode:
Postal Address:	
Suburb:	Postcode:
Email:	
Daytime Contact Number:	Mobile:
Are you an Australian Citizen or permanent resident of Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you hold a current unrestricted Western Australian Motor Vehicle Driver's Licence: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Licence Class (circle) C / C-A / LR / MR / HR / HC / MC	
Do you hold a current: <input type="checkbox"/> National Police Clearance <input type="checkbox"/> Working with Children Check	
<input type="checkbox"/> White Card – or – <input type="checkbox"/> Willing to obtain these requirements.	

3. Recruitment Source

How did you first become aware of this vacancy?

Shire of Denmark website	<input type="checkbox"/>	LG Assist	<input type="checkbox"/>
Denmark Bulletin	<input type="checkbox"/>	Council Direct	
Seek website	<input type="checkbox"/>	Albany Advertiser	<input type="checkbox"/>
West Australian	<input type="checkbox"/>	Other – please specify:	<input type="checkbox"/>

4. Employment History (most recent first please)

Employment Period:	Name of Employer:
Position Held:	Reason for Leaving:
Employment Period:	Name of Employer:
Position Held:	Reason for Leaving:
Employment Period:	Name of Employer:
Position Held:	Reason for Leaving:

5. Employment References - details must be completed

Please provide details of three (3) contactable **work-related referees** – i.e. Your present or most recent employer/supervisors.

Name (Referee):		Position Held:	
Employer Name:		Contact No:	
Name (Referee):		Position Held:	
Employer Name:		Contact No:	
Name (Referee):		Position Held:	
Employer Name:		Contact No:	
If currently employed, what is the minimum period of notice required?			

6. Declarations

The following declarations are NOT a barrier to being considered for employment but will assist us to take due care in assessing the appropriate placement should you be the successful applicant.

6A. Health

Do you have any previous or current medical conditions or restrictions, physical or otherwise, which may affect your ability to perform the essential requirements of the position you have applied for?

No Yes

If "Yes" please provide details of condition

6B. Workers' Compensation Claim

Please list any medical condition or restriction arising from a previous workers' compensation claim. Failure to provide such information may jeopardise your rights to workers' compensation if a pre-existing disability is aggravated at work (Section 79 of the *Workers' Compensation and Injury Management Act 1981*).

No Yes

If "Yes" please describe claim details (e.g. Year of injury, Employer worked for, Period of time off work)

6C. Criminal Convictions

Have you ever been convicted of any offence in any court, or are you currently the subject of any charges pending 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).*

No

Yes

If "Yes" please provide details

7. Applicant Declaration

I declare that all the above statements and attached supporting information are true in all respects. I acknowledge that any statement which is found to be false or deliberately misleading will make me, if employed, liable for dismissal.

Signed

Date