Application for Employment

1. Vacancy Details

Position Applied for: _____



2. Personal Details

Surname:		Title: Mr \Box Miss \Box Mrs \Box Ms \Box Other \Box							
Given Names:		Date of Birth:							
Residential Address:									
Suburb:		Postcode:							
Postal Address:									
Suburb:		Postcode:							
Email:									
Daytime Contact Nun	nber:	Mobile:							
Are you an Australiar	Citizen or permanent resident of Au	ıstralia? □ Yes □ No							
Do you hold a current	t unrestricted Western Australian Mo	tor Vehicle Driver's Licence: \Box Yes \Box No							
Licence Class (<i>circle</i>)	C / C-A / LR / MR / HR / HC / MC								
Do you hold a curren	t: D National Police Clea	arance							
	\Box White Card – or –	\Box Willing to obtain these requirements.							

3. Recruitment Source

How did you first become aware of this vacancy?								
Shire of Denmark website		LG Assist						
Denmark Bulletin		Council Direct						
Seek website		Albany Advertiser						
West Australian		Other – please specify:						
Facebook								

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 minim	num 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	
lf "Yes"	please provide c	letails of cor	ndition

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

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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 d	etails	

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