

Application for Employment



1. Vacancy Details

Position Applied for: _____

2. Personal Details

Surname:	Title: Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <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? Yes No

Do you hold a current unrestricted Western Australian Motor Vehicle Driver's Licence: Yes No

Licence Class (*circle*) C / C-A / LR / MR / HR / HC / MC

Do you hold a current: National Police Clearance Working with Children Check
 White Card – or – 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"/>	LG Professionals	<input type="checkbox"/>
Seek website	<input type="checkbox"/>	Council Direct	<input type="checkbox"/>
West Australian	<input type="checkbox"/>	Albany Advertiser	<input type="checkbox"/>
Facebook	<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

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