



EMPLOYMENT ENQUIRY / APPLICATION

Please address all Applications to the
Chief Executive Officer

CONFIDENTIAL EMPLOYMENT ENQUIRY / APPLICATION

Position you wish to be considered for: _____

Available to take up employment (date): _____

2. Prepared to work:

Full-time

Part-time

Contract

PERSONAL DETAILS

Surname: _____ First Name: _____

Address: _____

Postcode: _____

Telephone: _____ (Home) _____ (Business)

Mobile: _____ Email: _____

Date of Birth: _____

Are you lawfully permitted to be employed in Australia? Yes / No

LICENCES HELD

Do you own a Car? Yes / No

Drivers Licence? Yes / No

Class of Licence: _____

Licence Number: _____

Expiry Date: _____

Other Licences (Eg: Grader, Forklift): _____

Trade Licences (Eg: Electrical, Plumbers): _____

PREVIOUS EMPLOYMENT (Please include details of your most recent employment here, and use the spaces below to give details of other employment, working backwards from the most recent.)

Previous employer: _____

Type of business: _____

Address: _____ Starting Date: _____

_____ Leaving Date: _____

Job Title: _____

Duties / Responsibilities: _____

Reason for Leaving: _____

Previous employer: _____

Type of business: _____

Address: _____ Starting Date: _____

_____ Leaving Date: _____

Job Title: _____

Duties / Responsibilities: _____

Reason for Leaving: _____

GENERAL INFORMATION

Do you have any circumstances, disabilities or medical conditions which could affect your capacity to perform the essential requirements of the job? Yes / No

If Yes, Please Give Details: _____

Please note: Any offer of employment is subject to a medical examination.

Workers Compensation

If you have lodged claims for Workers' Compensation or had a lost time injury give full details: "Section 79 of the Workers' Compensation and Rehabilitation Act 1981 gives the Workers' Compensation Board discretion to refuse to award compensation which would otherwise be payable, where it is proved that the worker has, at the time of seeking or entering employment, wilfully and falsely represented him/her self as not having previously suffered from the disability, the subject of the claim of compensation."

Injury Suffered: _____

Weeks off Work: _____ Date of Injury: _____

Employer's Name and Address: _____

Injury Suffered: _____

Weeks off Work: _____ Date of Injury: _____

Employer's Name and Address: _____

Convictions

Do you have any current convictions for any offences from any court, or are you currently the subject of any charge pending before any court? You do not need to give details of any conviction which you have had declared spent (Spent Convictions Act 1988) Yes / No

If Yes, Please Give Details: _____

A criminal record does not necessarily disqualify an applicant.

Interests and Activities

Leisure Interests, Sports, Hobbies:

Do you belong to any civic, professional, business or industrial organisations? Describe the organisation, your activities and any offices held.

Other Employment

If offered this position will you continue to work in any other capacity? (give details)

REFEREES

Name	_____	Name	_____
Address	_____	Address	_____
	_____		_____
Occupation	_____	Occupation	_____
Telephone	_____	Telephone	_____

EMERGENCY CONTACT

If you wish to do so, please give details of next of kin who can be contacted in an emergency:

Name _____

Address _____

Relationship _____

Telephone _____ (Business) _____ (Private)

Additional Details

Applicants are required to tick the relevant boxes below to enable the Shire to monitor its equal opportunity policy. Monitoring is recommended by the Codes of Practice for the elimination of racial discrimination and for the elimination of discrimination on the grounds of sex and marital status. This information is used for no other purpose and will be treated as confidential.

Male

Female

Ethnic Group _____(please specify)

Recruitment Policy

It is the Shire's policy to employ the best qualified people and to provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin, gender, marital status or disability.

I authorise the company to obtain references to support this application and release the company and referees from any liability caused by giving and receiving information.

Declaration: I confirm that the information given on this form is, to the best of my knowledge, true and complete. I understand that any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signature _____

Date _____

Further information

If you are making an enquiry regarding possible work for the Shire, your completed form will be kept on file for six (6) months and then destroyed.

All positions vacant arising with the Shire during that six (6) month period will be matched to enquiries received and if we believe a suitable vacancy is available we will contact you and ask whether you wish to have your enquiry treated as an application.