

EMPLOYMENT APPLICATION

Please address all Applications to the
Chief Executive Officer

PO Box 48
Mount Barker WA 6324
Phone: (08) 9892 1111
Email: info@sop.wa.gov.au
Website: www.plantagenet.wa.gov.au

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 ☐

Casual ☐

PERSONAL DETAILS

Surname: _____ First Name: _____

Address: _____

_____ Postcode: _____

Telephone: _____ (Home) _____ (Business)

Mobile: _____ Email: _____

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): _____

[illegible][illegible]

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 medical conditions which would impact on your ability to perform the inherent requirements of the job? Yes / No

If Yes, Please Give Details: _____

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

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)

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 twelve (12) months and then destroyed.