

Employment Application Form

Shire of Murray, PO Box 21, Pinjarra WA 6208 ; Telephone (08) 9531 7777 ; Facsimile: (08) 9531 1981

Position Details			
Position Advertised:			Ref No: H/
Location:	<input type="checkbox"/> Shire Administration <input type="checkbox"/> Leisure Centre <input type="checkbox"/> Library <input type="checkbox"/> Depot <input type="checkbox"/> Visitors Centre <input type="checkbox"/> Other:		
Personal Details			
Surname:			Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Given Names:			Date of Birth:
Address:			
Suburb:		Postcode:	
Daytime Contact No:		Email:	
Nationality:	Are you a permanent resident of Australia, or have you been granted permanent residence? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please attach copy of a Visa validating permission to work in Australia.</i>		
Do you hold a current unrestricted Western Australian Motor Vehicle Driver's Licence : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: Licence Class (<i>circle</i>): C / R / RE / LR / MR / HR / HC / MC			
Employment History			
<input type="checkbox"/> Refer to attached CV / Resume for complete details (<i>please tick if attached</i>).			
Period of Employment	Name of Employer	Position Held	Reason for Leaving
Employment References			
<i>Please provide details of at least two contactable work-related referees— ie. your present or most recent employers/supervisors.</i>			
(Referee 1) Name:		(Referee 2) Name:	
Position Held:		Position Held:	
Company:		Company:	
Contact No:		Contact No:	

How soon would you be able to commence work?	If currently employed, what is the minimum period of notice required:
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Education/Trade Details		
<input type="checkbox"/> Refer to attached Resume for complete details <i>(please tick if attached)</i> .		
Highest Level attained (eg. Year 10, 11, 12, TAFE, University):		
Year	Name of School / Institution	Certificate / Qualification Obtained
Current Studies being undertaken		
Year Commenced	Name of School / Institution	Details
Other Qualifications / Training <i>(eg. Trade details, Certificates/Licences Held, or other relevant information)</i> :		

Supplementary Details – Health/Medical Issues
Do you consider your overall health to be: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair
Are there any reasons you may be unable to carry out the full requirements of this position? <input type="checkbox"/> No <input type="checkbox"/> Yes Please give details:
Are you currently receiving or have you made claim for and received Workers Compensation or Insurance benefits for any reason?
<input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details (eg. Year of Injury, Company worked for, Period of time off work)

Supplementary Details - Convictions

Have you ever been convicted of any offence in any court or are you currently the subject of any charges pending? *(You do not need to give details of any conviction that has been declared spent under the Spent Convictions Act 1988).*

No Yes Please provide details:

A criminal record is not a barrier to the consideration of an application for employment. Applicants who have a record of conviction are invited to discuss its relevance or otherwise to the position being applied for.

Checklist

- | | |
|---|--|
| <input type="checkbox"/> Application Form Completed | <input type="checkbox"/> Covering Letter (recommended but not essential) |
| <input type="checkbox"/> Position Selection Criteria Addressed | <input type="checkbox"/> Current CV / Resume Attached |
| <input type="checkbox"/> Required Documentation Attached AND / OR | <input type="checkbox"/> Original/s will be provided at Interview <i>(eg. Police Clearance, Licences, etc)</i> |

Applicant Declaration

1. I certify that the information contained in this application is to the best of my knowledge and belief, true, accurate and current in every detail, with no impending issues or claims apparent that may affect consideration of this application or the requirements of any position for which I am applying.
2. I understand that Council reserves the right to verify all information on this application and that any false or misleading statements will be considered sufficient cause for the application to be rejected, or for immediate dismissal if appointed. Originals of supporting documents must be made available at interview including National Police Clearance, Motor Vehicle Licences and Tertiary Qualifications where applicable.
3. I understand that Council's recruitment and selection procedure involves a pre-employment medical examination by a Council approved medical centre, at Council's expense, and that original results of this examination are required to be disclosed to this organisation.

Signature of applicant:

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Date:

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