



# SHIRE OF KOORDA

**SHIRE OF KOORDA APPLICATION FORM FOR EMPLOYMENT**

Position applied for \_\_\_\_\_ Position No. \_\_\_\_\_  
 Permanent      Temporary      Full Time      Part Time

**PERSONAL DETAILS**

Surname \_\_\_\_\_ Given Names \_\_\_\_\_  
 Preferred Title: Mr      Mrs      Miss      Ms      Other

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone No. Home \_\_\_\_\_ Work \_\_\_\_\_

Date of Birth (NOT COMPULSORY) \_\_\_\_\_

**EMPLOYMENT HISTORY**

Current/Most Recent Employer	Position	From	To
Reason for Leaving	Responsible to Name & Job Title		
Second Most Recent Employer	Position	From	To
Reason for Leaving	Responsible to Name & Job Title		
Third Most Recent Employer	Position	From	To
Reason for Leaving	Responsible to Name & Job Title		

**Referees** List names, addresses and telephone numbers of referees who have supervised your work and whom we may contact.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**DRIVERS LICENCE INFORMATION**

Drivers License No: \_\_\_\_\_ Classes: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**EDUCATION/TRAINING**

**Secondary**

HIGHEST LEVEL ATTAINED \_\_\_\_\_ YEAR \_\_\_\_\_

SCHOOL \_\_\_\_\_

SUBJECTS TAKEN IN LAST YEAR \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Post Secondary**

Please list any technical training, professional qualifications and/or special skills training.

Institution	Subjects Taken	Year	Results

Current Studies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Qualifications (List any professional or trade qualifications currently held) Are your qualifications registered in Western Australia?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Equipment/Machinery Usage**

Please list any work-related equipment and/or machinery you can operate (i.e. office equipment, industrial equipment, specialised machinery etc).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

When would you be able to commence employment? \_\_\_\_\_

If employed, minimum period of notice required: \_\_\_\_\_

Is there any factor which causes you to take frequent time off work or effects your ability to perform the duties?

YES  NO

Comment: (Optional) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** ANY OFFER OF EMPLOYMENT IS SUBJECT TO A MEDICAL EXAMINATION TO ENSURE FITNESS TO UNDERTAKE THE POSITION APPLIED FOR.

Are you aware of any other factor(s) which are or may be relevant to your employment?

YES

NO

If yes, please provide details \_\_\_\_\_

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Is there any factor which could prevent you working reasonable overtime either in the evening or on weekends, if required?

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**THE FOLLOWING QUESTIONS ARE OPTIONAL AND NEED NOT BE COMPLETED. NON-COMPLETION OF THESE ITEMS WILL IN NO WAY PREJUDICE YOUR APPLICATION FOR EMPLOYMENT.**

Do you speak any language other than English? \_\_\_\_\_

Sporting interests/hobbies \_\_\_\_\_

Membership of Clubs, Societies or professional bodies: \_\_\_\_\_

Any further information you may wish to provide in support of this application \_\_\_\_\_

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#### DECLARATION

I certify that the foregoing information is, to the best of my knowledge and belief, true and accurate. I understand that the Organisation reserves the right to verify all information in the application and that false information will be sufficient reason for my rejection as an applicant or my dismissal if employed by the Local Government.

Signature of Applicant \_\_\_\_\_

Date