



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 _____

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

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 _____

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