



CONFIDENTIAL APPLICATION FOR EMPLOYMENT

CORPORATE OBJECTIVE

***Our objective is to enhance quality of life
by responsible and effective management
of all resources in response
to the needs of the community
and increase opportunities for growth***

CONFIDENTIAL APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

1. This application **must be completed** and will not be accepted if relevant sections are not fully completed.
2. Complete a separate application for each position for which you wish to be considered.
3. Applications received after the closing date may not be accepted.
4. Ensure that an updated curriculum vitae (resume) is attached to your application including phone numbers of two (2) referees.
5. Should you require an interpreter or assistance with access to premises, you are asked to inform the contact officer.
6. Please return all applications to the General Manager.

LOCATION OF POSITION APPLIED FOR:

DEPT/PROGRAM:

POSITION APPLIED FOR:

POSITION NO:

PERSONAL PARTICULARS (USE BLOCK LETTERS)

| | | | | | |
|---------------------|-----------------------------|-------------------------------|------------------------------|-----------------------------|-----------------------------|
| Title: | Ms <input type="checkbox"/> | Miss <input type="checkbox"/> | Mrs <input type="checkbox"/> | Mr <input type="checkbox"/> | Dr <input type="checkbox"/> |
| Surname: | | | | | |
| Given Names: | | | | | |
| Male or Female: | | Date of Birth: | | | |
| Address: | | | | | |
| Suburb: | | Postcode: | | | |
| Postal Address: | | | | | |
| Email Address: | | | | | |
| Telephone: | | | | | |
| | (STD) | Home | (STD) | Work | Mobile |
| Drivers Licence No: | | Expiry Date | | Type / Class / Restrictions | |

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

| | | | | | |
|------------|-------|-----------|-------|------|--------|
| Name: | | | | | |
| Address: | | | | | |
| Suburb: | | Postcode: | | | |
| Telephone: | | | | | |
| | (STD) | Home | (STD) | Work | Mobile |

Are you an Australian Citizen or Permanent Resident? Yes No

If not, do you hold a valid Working Visa? Yes No (copy will be required)

EQUAL EMPLOYMENT OPPORTUNITY

This section is for compliance with EEO legislation only

| | | | |
|--------------------------|--|---------------------|--|
| Country of Birth: | | Nationality: | |
|--------------------------|--|---------------------|--|

Was English the first language of: Yourself Yes No Your Mother Yes No Your Father Yes No

Are you from a racial, ethnic or ethno-religious group which is a minority in Australian society? Yes No

Are you an Australian Aboriginal and / or Torres Strait Islander? Yes No

It is the policy of Gilgandra Shire Council to welcome applications from people with disabilities and to attempt to meet reasonable / appropriate work-related requirements of employees. Do you have a disability? Yes No

If yes, please indicate how the workplace might be adjusted to overcome any barriers that may affect your performance:

MEDIA WATCH

Where did you see or hear about the vacancy advertised?

- Sydney Morning Herald Internal Vacancy Circular Local Newspaper Health Intranet
 Friend / Relative Internet. Indicate Website:
 Other. Please specify:

EMPLOYMENT HISTORY & EDUCATIONAL QUALIFICATIONS

Please attach a copy of your CV showing where you have worked before (MOST RECENT EMPLOYER FIRST). Include overseas as well as Australian work experience. Voluntary work experience may also be included.

OTHER SKILLS AND QUALIFICATIONS

| | | | |
|---|--|-----------|--|
| Current Professional Registration Number: | | Valid to: | |
|---|--|-----------|--|

Copy of registration must be attached.

| | |
|--------------------------|--|
| Professional Membership: | |
|--------------------------|--|

REFEREES (regarding work history and / or education)

Please provide names and addresses of at least two referees, one of which should be your present or most recent employer who will be contacted prior to an offer of employment is considered.

| | | | | |
|---|-----------------|--|----------------------|--|
| 1 | Name: | | Title: | |
| | Address: | | Organisation: | |
| | | | Phone: | |

| | | | | |
|---|-----------------|--|----------------------|--|
| 2 | Name: | | Title: | |
| | Address: | | Organisation: | |
| | | | Phone: | |

| | | | | |
|---|-----------------|--|----------------------|--|
| 3 | Name: | | Title: | |
| | Address: | | Organisation: | |
| | | | Phone: | |

APPLICANT'S STATEMENT

I understand and agree that:

- a) The information and statements in this application are to the best of my knowledge and belief, true and accurate and that the making of a false statement or omission of relevant information may result in dismissal.
- b) I will provide documentary evidence of identification, qualifications and registration prior to commencement.
- c) The terms and conditions of my employment will be in accordance with the Local Government Act 1993, the relevant industrial award/agreement and the policies of the Gilgandra Shire Council.
- d) I will participate in a pre-employment medical assessment.

Signature:

Date:

| | |
|--|--|
| | |
|--|--|

If you require assistance to complete this form please contact Council on (02) 6817 8800 or email council@gilgandra.nsw.gov.au