

Application for Employment

Shire of West Arthur
 PO Box 112
 31 Burrowes Street
 Darkan WA 6392
 T: (08) 9736 2400
 E: shire@westarthur.wa.gov.au



POSITION DETAILS				
Position				
Classification	Permanent	Temporary	Part-time	Casual

PERSONAL DETAILS							
Surname				Given Names			
Postal Address							
Email Address							
Mobile Phone				Home Phone			
Date of Birth				Gender	Male	Female	Other
DL Class	C	LR	MR	Expiry Date			
	HR	HC	MC				
Licence Conditions							
Nationality	Australian	Other		ATSI	Yes		No
Visa	Yes		No		Type		

QUALIFICATIONS (Trade Certificates, TAFE, Tickets, Short Courses, University etc.)

Qualification	Date Completed	Expiry Date (if applicable)

POLICE CLEARANCE (only applicable if requirement of position)								
Do you possess a Clearance?	Yes		No		Date of Issue			
Would you be willing to obtain prior to commencement?					Yes		No	

EMPLOYMENT HISTORY

Current/Most Recent Employer		Position			Employment Dates		
Reason for leaving							
Second Most Recent Employer		Position			Employment Dates		
Reason for leaving							
Current/Most Recent Employer		Position			Employment Dates		
Reason for leaving							
Is there any factor which could prevent you working reasonable overtime either in the afternoon or weekends, if required?							

HEALTH

Would you be willing to undergo a medical examination?	Yes		No	
Is there any factor which causes you to take frequent time of work or affects your ability to perform the duties of your position?	Yes		No	

WORKERS COMPENSATION

Have you ever made a Workers Compensation Claim?	Yes		No	
If yes, please provide details	Date of Claim			

REFERENCES (Please provide three relevant work referees)

1. Name	
Position	
Workplace	
Contact Number	
Your Position	
Dates Employed	

2. Name	
Position	
Workplace	
Contact Number	
Your Position	
Dates Employed	

3. Name	
Position	
Workplace	
Contact Number	
Your Position	
Dates Employed	

DISCLAIMER

I declare that all information given is true and correct to the best of my knowledge. I have not withheld any information nor made any false or misleading representation of information required by this application. I understand that proof of identity and other relevant information with need to be supplied should I be the successful applicant for the Shire of West Arthur vacancy.

Signature

Date

We would like to thank you for taking the time to complete this form.

Please submit with your resume and application.