



APPLICATION FOR EMPLOYMENT

Thank you for your interest in a position with the Shire of Capel. Please complete the following questions and attach with your application.

VACANCY DETAILS

Position Title:	Ref:
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PERSONAL DETAILS

Surname:	Given Name(s):	
Address:		
Suburb:	Postcode:	
Email:		
Home Phone:	Mobile:	
Are you an Australian citizen or permanent resident of Australia: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, do you currently hold a Visa allowing you to work in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(If yes please attach a copy)</i>		
Do you hold a current drivers licence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details:		
Class(es):	No #	Expiry:

RECRUITMENT SOURCE

How did you first become aware of this vacancy?	
<input type="checkbox"/> Shire of Capel website	<input type="checkbox"/> Seek website
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Local Newspaper
<input type="checkbox"/> Career Spot website	<input type="checkbox"/> West Australian
<input type="checkbox"/> Other (please specify):	

ATTACHMENTS

Please ensure you have attached all the required documents (see <i>Advice to Job Applicants</i> for details)	
<input type="checkbox"/>	Cover Letter
<input type="checkbox"/>	Resume
<input type="checkbox"/>	Referees (2 contactable work referees, preferably supervisors or managers)
<input type="checkbox"/>	Copies of relevant qualifications

AVAILABILITY

How soon would you be available to commence work: <i>(If currently employed please advise required notice period.)</i>

DECLARATIONS

The following declarations are NOT a barrier to being considered for employment but will assist us to take due care in assessing appropriate placement, should you be the successful applicant.

HEALTH

To the best of your knowledge, do you have a medical condition, injury or disability that would impact your ability to undertake the duties of the position you have applied for?

- No
 Yes

If 'Yes' please provide details of condition:

WORKERS' COMPENSATION CLAIMS

Have you ever made a workers' compensation claim?

- No
 Yes

If 'Yes' please describe claim details:

Date	Company	Nature of Injury	Period off work

Are any claims still current?

- No
 Yes

If 'Yes' please provide details of current claim:

CRIMINAL CONVICTIONS

Have you ever been convicted of any offence in any court, or are you currently the subject of any charges pending before court, or the subject of an investigation before a tribunal? (You do not need to give details of any conviction which you have had declared spent under the Spent Convictions Act 1988).

- No
 Yes

If 'Yes' please provide details:

APPLICANT DECLARATION

I declare that the above statements and attached supporting information are true in all respects and consent that this information will be stored and used for the purposes of assessing suitability for employment. I understand that in providing referees I consent to them being contacted. I acknowledge that any statement which is found to be false or deliberately misleading will make me, if employed, liable for dismissal.

Signed

Date

**If submitting a hard copy please sign and date. If emailing please enter your name and date, we will consider this consent as described above.*