

Employment Application Form

Position Applied for (if advertised): _____ **OR**

Area of Interest:

Parks & Reserves	<input type="checkbox"/>	Waste Management	<input type="checkbox"/>
Roads & Drainage	<input type="checkbox"/>	Workshop	<input type="checkbox"/>
		Office/Clerical	<input type="checkbox"/>

**** An up to date resume detailing Education, Qualifications and Employment History should be attached to this application. ****

Surname: _____ Given Names: _____

Address: _____

Telephone Number: _____

Are you legally permitted to work in Australia? Yes

No

Are you prepared and able to work:

Afternoon shift:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Night shift:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Weekends:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Public Holidays:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If requested would you be able to work outside of normal hours?

Regularly Occasionally Rarely No

Health

Please provide details of any previous or current medical condition or restriction, physical or otherwise, which may affect your ability to perform the essential requirements of the job.

This must include any medical condition or restriction arising from a previous workers' compensation claim. Failure to provide such information may jeopardise your rights to workers' compensation if a pre-existing disability is aggravated at work (Section 79 of the *Workers' Compensation and Rehabilitation Act 1981*).

Disclosure of a medical condition does not necessarily exclude an applicant from employment.

Declaration by Applicant:

1. I understand that any misrepresentation of facts in this application could be cause for termination if employed.
2. I understand that part of the application procedure involves a medical examination by a medical officer nominated by the Organisation and I authorise disclosure of the results of this examination to the Organisation.
3. I consent to any reference checks which may be necessary to support this application.

I, _____ hereby declare that the information contained in this application is to the best of my knowledge true and correct.

Signature of Applicant

Date

Privacy: Your application form contains personal information, which will be dealt with in accordance with the State Records Act 2000 and the Freedom of Information Act 1992. If you are successful in your application your form will become an employment record. If you are unsuccessful your application will be kept for 12 months before being destroyed.