

# Application for Employment Form

Please complete and return this along with your Resume, Cover Letter and any other associated documentation to [recruitment@cue.wa.gov.au](mailto:recruitment@cue.wa.gov.au)



<b>POSITION</b>	Shire of Cue position you're applying for				
	Date available to commence				
	Have you previously worked for the Shire of Cue?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>PERSONAL DETAILS</b>	Given Name(s)	Surname	Title (Mr, Mrs, Miss, Ms)		
<b>CONTACT DETAILS</b>	Street Address				
	Suburb	State	Postcode		
	Mailing Address (If different to your home address above e.g. PO BOX Number)				
Home Number		Mobile Number	Email Address		
<b>EDUCATION &amp; TRAINING</b>	Highest Level of Education Achieved Year 10 <input type="checkbox"/> Year 12 <input type="checkbox"/> Other <input type="checkbox"/>				
	<i>(If Other, please provide further details)</i>				
	Do You hold a Current First Aid Yes <input type="checkbox"/> No <input type="checkbox"/>				
	<i>(If Yes, please provide Certificate Number)</i> Expiry Date ____ / ____ /20____				
	Name of Qualification(s)/Trade(s) or Course(s) Completed	Year Commenced	Year Completed	Name of Institution/Company	
Do You hold a White Card and/or any other Construction Card(s)/Clearances Yes <input type="checkbox"/> No <input type="checkbox"/>					
<i>(If Yes, please provide further details below)</i>					
<b>OTHER DETAILS</b>	Do You Hold a National Police Clearance Certificate less than 3 months old Yes <input type="checkbox"/> No <input type="checkbox"/>				
	<i>(If Yes, please provide the date it was issued)</i> Date Issued ____ / ____ /20____				
	Do You Hold a Current West Australian Driver's Licence Yes <input type="checkbox"/> No <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/>				
	<i>(If Yes, please provide any additional information)</i> Expiry Date ____ / ____ /20____				
Does Your West Australian Driver's Licence contain any Endorsements Yes <input type="checkbox"/> No <input type="checkbox"/>					
<i>(If Yes, please provide further details)</i>					
<b>OTHER DETAILS</b>	Do You Hold a Licence Other than an Australian Driver's Licence Yes <input type="checkbox"/> No <input type="checkbox"/>				

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<b>(CONTINUED)</b>	<i>(If Yes, please provide Licence Number &amp; further details below)</i> Expiry Date ____ / ____ /20 ____		
	<b>Have You Ever Been Disqualified From Driving</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<i>(If Yes, please provide further details)</i>		
<b>PREVIOUS EMPLOYMENT</b>	<b>Previous Employment Details</b>	<b>Employer 1</b>	<b>Employer 2</b>
	<b>Name of Employers</b>		
	<b>Position(s) held</b>		
	<b>Reasons for leaving position(s)</b>		
<b>LANGUAGE &amp; NATIONALITY</b>	<b>Are you a Permanent Resident or Australian Citizen</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<b>Important Note:</b> <i>If you have answered <b>NO</b> to this question please attach to this application all of the information regarding your working entitlements</i>		
<b>REFEREES</b>  <i>Please provide two employment Referees.</i>	<b>Details of Referees</b>	<b>1<sup>st</sup> Referee</b>	<b>2<sup>nd</sup> Referee</b>
	<b>Name:</b>		
	<b>Position:</b>		
	<b>Organisation:</b>		
	<b>Contact Number:</b>		
<b>Email Address:</b>			
<b>HEALTH</b>  <b>Important Note:</b> <i>Disclosure of a medical condition or restriction does not necessarily exclude an applicant from employment with the Shire of Cue.</i>	<b>Do you have any previous or current medical condition(s) or restriction(s), physical or otherwise, which may affect your ability to perform the essential requirements of the job?</b>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<i>If Yes, please provide further details</i>		

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<p><b>WORKERS COMPENSATION</b></p>	<p>Do you have 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/injury is aggravated at work (Section 79 of the Workers' Compensation and Injury Management Act 1981)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If Yes, please provide further details of your previous workers' compensation claim(s)</i></p> <p> </p> <p> </p> <p> </p>						
<p><b>CRIMINAL CONVICTIONS</b></p>	<p>Do you have any current criminal convictions for any offences from any court, or are you currently the subject of any charge pending before court?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If Yes, please provide further details</i></p> <p> </p> <p> </p> <p> </p>						
<p><b>GENERAL</b></p>	<p>I certify that the above information, to the best of my knowledge and belief, is true and accurate in every detail. I understand that the Shire of Cue reserves the right to verify <u>all</u> information on this application and that any false statements will be considered sufficient cause for my rejection as an applicant or my dismissal if successful for the position.</p> <p>If I am successful in obtaining a role with the Shire of Cue I declare that should any Driver's Licence(s) and/or any other Vehicle Licence(s) I currently hold be cancelled or suspended I will notify my direct Supervisor and Manager <u>immediately</u>. I also understand that when my Driver's Licence(s) and/or Vehicle Licence(s) are renewed I must take the original licence to Human Resources to update my records.</p> <table border="1" data-bbox="327 1433 1551 1684"> <tr> <td data-bbox="327 1433 590 1512">Name:</td> <td data-bbox="590 1433 1551 1512"> </td> </tr> <tr> <td data-bbox="327 1512 590 1601">Signature:</td> <td data-bbox="590 1512 1551 1601"> </td> </tr> <tr> <td data-bbox="327 1601 590 1684">Date:</td> <td data-bbox="590 1601 1551 1684"> </td> </tr> </table>	Name:		Signature:		Date:	
Name:							
Signature:							
Date:							

Thank you for your application, we appreciate your effort and interest in working for the Shire of Cue.