

Application for Employment Form

Please complete and return this along with your Resume, Cover Letter and any other associated documentation to claire@cue.wa.gov.au

| | | | | |
|--|--|----------------|--|-----------------------------|
| POSITION | 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"/> | |
| PERSONAL DETAILS | Given Name(s) | Surname | Title (Mr, Mrs, Miss, Ms) | |
| | | | | |
| CONTACT DETAILS | Street Address | | | |
| | | | | |
| | Suburb | State | Postcode | |
| | | | | |
| | Mailing Address (If different to your home address above e.g. PO BOX Number) | | | |
| | | | | |
| EDUCATION & TRAINING | 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> | | | | |
| | | | | |
| OTHER DETAILS | 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> | | | | |
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| OTHER DETAILS (CONTINUED) | Do You Hold a Licence Other than an Australian Driver's Licence Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | <i>(If Yes, please provide Licence Number & further details below) Expiry Date _____ / _____ /20_____</i> | | |
| | | | |
| | | | |
| | Have You Ever Been Disqualified From Driving Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| <i>(If Yes, please provide further details)</i> | | | |
| | | | |
| | | | |
| PREVIOUS EMPLOYMENT | Previous Employment Details | Employer 1 | Employer 2 |
| | Name of Employers | | |
| | Position(s) held | | |
| | Reasons for leaving position(s) | | |
| | | | |
| LANGUAGE & NATIONALITY | Are you a Permanent Resident or Australian Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | Important Note: <i>If you have answered NO to this question please attach to this application all of the information regarding your working entitlements</i> | | |
| | | | |
| | | | |
| | | | |
| REFEREES <i>Please provide two employment Referees.</i> | Details of Referees | 1st Referee | 2nd Referee |
| | Name: | | |
| | Position: | | |
| | Organisation: | | |
| | Contact Number: | | |
| | Email Address: | | |
| HEALTH Important Note: <i>Disclosure of a medical condition or restriction does not necessarily exclude an applicant from employment with the Shire of Cue.</i> | 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? | | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | <i>If Yes, please provide further details</i> | | |
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|-----------------------------|---|
| WORKERS COMPENSATION | <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> |
| | |
| | |
| | |
| CRIMINAL CONVICTIONS | <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> |
| | |
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| | |
| GENERAL | <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> |
| | <p>Name:</p> |
| | <p>Signature:</p> |
| | <p>Date:</p> |

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