



SHIRE OF LAVERTON

9 MacPherson Place, (PO Box 42), Laverton WA 6440
Telephone: (08) 9031-1202 Facsimile: (08) 9031-1340
Email: reception@laverton.wa.gov.au

EMPLOYMENT APPLICATION

POSITION APPLIED FOR: _____

ARE YOU AWARE OF THE REQUIREMENTS OF THIS POSITION?: YES / NO (CIRCLE ONE) _____

WHEN CAN YOU COMMENCE WORK?: _____

GENERAL NOTES

1. The application form must be completed personally by the applicant. Answer or tick ALL questions. Your attention is drawn to the required declaration, which must be completed.
2. Documents supporting educational and/or trade qualifications must be presented at interview.
3. The Shire reserves the right to require any applicant to undergo a medical examination and to undergo audiometric (hearing) tests as required.
4. A Police Clearance may also be requested depending on position requirements.

PERSONAL DETAILS

LAST NAME: _____ MR/MRS/MS/MISS _____

FIRST NAME(S): _____ PREFERRED NAME: _____

ADDRESS: _____

SUBURB/TOWN: _____ POSTCODE: _____

TELEPHONE: HOME: _____ MOBILE: _____ WORK: _____

DATE OF BIRTH: _____ MARITAL STATUS: _____ GENDER: _____

DRIVER'S LICENCE: STATE: _____ NUMBER: _____ CLASS(ES): _____

EMAIL ADDRESS: _____

EMPLOYMENT HISTORY

CURRENT

EMPLOYER NAME: _____ COMMENCED: _____

EMPLOYER ADDRESS: _____

SUBURB/TOWN: _____ POSTCODE: _____

POSITION HELD: _____

BRIEF SUMMARY OF DUTIES: _____

MAY WE CONTACT THIS EMPLOYER? YES / NO CONTACT NAME: _____ CONTACT NUMBER: _____

PREVIOUS

EMPLOYER NAME: _____
EMPLOYER ADDRESS: _____
SUBURB/TOWN: _____ POSTCODE: _____
POSITION HELD: _____
START DATE: _____ FINISH DATE: _____
REASON FOR LEAVING: _____

PREVIOUS

EMPLOYER NAME: _____
EMPLOYER ADDRESS: _____
SUBURB/TOWN: _____ POSTCODE: _____
POSITION HELD: _____
START DATE: _____ FINISH DATE: _____
REASON FOR LEAVING: _____

PREVIOUS

EMPLOYER NAME: _____
EMPLOYER ADDRESS: _____
SUBURB/TOWN: _____ POSTCODE: _____
POSITION HELD: _____
START DATE: _____ FINISH DATE: _____
REASON FOR LEAVING: _____

REFEREES (at least two)

NAME: _____
POSITION: _____ CONTACT NUMBER: _____

NAME: _____
POSITION: _____ CONTACT NUMBER: _____

NAME: _____
POSITION: _____ CONTACT NUMBER: _____

MEDICAL HISTORY

Give details of any disabilities which may affect the performance of your duties:

If you answer 'YES' to any question below, please give a brief description: *CIRCLE ONE*

Have you had a recent operation? YES NO

DETAILS: _____

? YES NO

Have you ever experienced heart or blood pressure problems? YES NO

DETAILS: _____

? YES NO

Have you ever experienced any back or spinal problems? YES NO

DETAILS: _____

? YES NO

List any other illness you have or have had (e.g. Asthma, Diabetes, Epilepsy etc):

DETAILS: _____

Your Doctor's name and address

Have you ever claimed Workers Compensation? If Yes give details, dates & nature of injury _____

Statement I certify that all information in this application is correct and complete. I understand that the Shire has the right to verify all information contained herein and that any false statements or deliberate omissions will be considered sufficient cause for my rejection as an applicant, or my dismissal if employed.

Date _____ Signature _____

OFFICE USE ONLY

Applicant	Successful/Unsuccessful	Applicant Notified	Yes/No
		Date Notified	_____

Approved _____ Position appointed to _____

Commencement Date _____
