



# APPLICATION FOR EMPLOYMENT

Position applied for.....NO: P...../...../.....

FAMILY NAME..... GIVEN NAME(S).....

ADDRESS .....

CONTACT TELEPHONE: .....

EMAIL: .....

DRIVER'S LICENCE NO:.....

### Current Qualifications

Qualification Title	Institution/Training provider	Year completed

Are you currently undertaking study/training?  
 (Tick one)  Yes  No

If yes, course/program name:.....  
 (Tick one)  Full time  Part time  Distance  Other

### Previous employment (most recent first)

Employer Name/Establishment	Dates from/to	Position held	Reason for leaving	Office use check initial/date

Do you agree to have referees contacted in relation to this application?  
 (Tick one)  Yes  No

*(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential)*

Please provide details of three people who can speak on your behalf regarding your work history

Name	Contact No.	Position held/working relationship (e.g. supervisor)	Office use check initial/date

**Application for Employment**

	Yes	No
Are you prepared to undertake a pre-employment medical examination? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to undertake a pre-employment urine drug screen? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies or disabilities? Specify.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever made a Worker's Compensation Claim? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to have relevant vaccinations? ... ..	<input type="checkbox"/>	<input type="checkbox"/>

**Ensure your application contains:**

- Current resume, including:
  - Experience
  - Referees
  - Education
  - Licences/Permits etc
- Copies of relevant documents
- Other information as requested

**DECLARATION:**

I understand and accept that a condition of being offered the position applied for, I shall undergo a probationary period of employment.

I declare that the above information supplied by me is true and correct. I declare that the above information supplied by me is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation.

Signed .....Date .....

Address to the '**General Manager**'  
Applications must be marked: "**Confidential P.../.../...**"  
**Mail:** PO Box 137, BERRIGAN NSW 2712  
**Email:** [jobs@berriganshire.nsw.gov.au](mailto:jobs@berriganshire.nsw.gov.au)

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Information collected by Berrigan Shire Council on this form will only be used for the purposes of assessing suitability for employment as per the Council's Privacy Management Plan and the *Privacy and Personal Information Protection Act, 1998*.

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