



APPLICATION FOR EMPLOYMENT

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

FAMILY NAMEGIVEN 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

	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, disabilities or injuries that we need to be aware of that may affect your ability to perform the inherent requirements of the job?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify		
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 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 'Chief Executive Officer'
 Applications must be marked: "Confidential P.../.../..."
Mail: 56 Chanter Street, Berrigan NSW 2712
Email: jobs@berriganshire.nsw.gov.au

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*.
 A copy of the Privacy Management Plan can be viewed on the Council website or made available at the Council office

CONFIDENTIAL – for office use only				
REFERENCE CHECKS				
Have reference checks been performed using BSC028?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:				
POLICE CHECKS				
Required?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:				
WORKING WITH CHILDREN CHECK				
Required?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, has the WWCC been verified with the Office of the Children’s Guardian?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:				