



APPLICATION FOR EMPLOYMENT FORM

Position Details

Position you are applying for:

Personal Details

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (optional):		
Surname:	Given Name:			
Postal Address:				
Email Address:				
Mobile Phone:	Home Phone:			

Drivers Licence

Driver's Licence Class:	Expiry Date:
Driver's Licence Class:	Expiry Date

Nationality / Citizenships

Are you an Australian Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'NO' do you have a current visa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Note: If successful you will be required to provide details.		

Education - University/TAFE/ Qualifications / Trade Certificates/Tickets / Short Courses etc

Qualification:	Graduation Date:	Expiry Date: (if applic)



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Police Clearance:(only applicable if a requirement of Position)

Do you possess a Police Clearance: <input type="checkbox"/> Yes <input type="checkbox"/> No (if No please see below)	
Date of Receipt (must be within 3 months)	
If 'NO' would you be willing to obtain prior to commencement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Health: Please advise if you have ever suffered or currently suffering from the below

High / Low Blood Pressure:	<input type="checkbox"/>	Currently	<input type="checkbox"/>	Previously
Depression / Anxiety:	<input type="checkbox"/>	Currently	<input type="checkbox"/>	Previously
Allergies:	<input type="checkbox"/>	Currently	<input type="checkbox"/>	Previously
Dermatitis:	<input type="checkbox"/>	Currently	<input type="checkbox"/>	Previously
Arthritis:	<input type="checkbox"/>	Currently	<input type="checkbox"/>	Previously
Diabetes:	<input type="checkbox"/>	Currently	<input type="checkbox"/>	Previously
Epilepsy:	<input type="checkbox"/>	Currently	<input type="checkbox"/>	Previously
Eye/Ear defects:	<input type="checkbox"/>	Currently	<input type="checkbox"/>	Previously
Alcohol/Drug condition:	<input type="checkbox"/>	Currently	<input type="checkbox"/>	Previously
You may expand on any of the above: (Optional)				
<hr/>				
<hr/>				
Do you have any concerns or restrictions that may limit your performance to the position you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'YES' please give details:				
<hr/>				
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Workers Compensation

Section 79 of the Workers Compensation and Rehabilitation Act 1981 gives the Worker's Compensation and Rehabilitation commission discretion to refuse to award compensation which would otherwise be payable, where it is proved that the worker has, at the time of seeking or entering employment in respect of which he/she claims compensation for a disability, wilfully and falsely represented himself/herself as not previously suffered from the disability.

Have you made a workers compensation claim? Yes No

If yes, please give details:

Any information provided will not preclude you from obtaining employment, but will assist the employer to manage any existing injuries/conditions.

References: Please provide two relevant work referee's

1. Referee Name: _____

Position Title: _____

Referee Workplace: _____

Referee daytime contact No: _____

Position you held: _____

Dates: _____



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2. Referee Name: _____
Position Title: _____
Referee Workplace: _____
Referee daytime contact No: _____
Position you held: _____
Dates: _____

Disclaimer and Signature:

I declare that all information given is to be true and correct to the best of my knowledge. I have not withheld any information nor made any false or misleading representation required by this application. I understand that proof of identity and any other relevant information will be supplied should I be a successful candidate for the Shire of Kent.

Signature: _____ Date: _____

We would like to thank you for taking the time to complete this form.

Please submit with your CV and / or application.