

## Position Details

Position you are applying for:
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## 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:	
Surname:		Given Name:		
Postal Address:				
Email Address:				
Mobile Phone:		Home Phone:		

## Licences / Police Clearance / Working with Children

Do you hold a current unrestricted Western Australian Motor Vehicle Drivers Licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Licence Class (circle) C / R / RE / LR / MR / HR / HC / MC	Expiry Date:
Do you hold a current : <input type="checkbox"/> National Police Clearance <input type="checkbox"/> Working with Children Check OR <input type="checkbox"/> Willing to Obtain (if required)	

## 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)

## Employment History (the last three starting at the most current)

Period of Employment:	Name of Employer:	Position Held:
How soon would you be able to commence work?		
If currently employed, what is the minimum period of notice required?		

**Declarations**

The following declarations are **NOT** a barrier to being considered for employment but will assist us to take due care in assessing appropriate placement should you be the successful applicant.

**Health**

To the best of your knowledge, do you have a medical condition that will preclude you from undertaking the duties of the position you have applied for?: <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please provide details of condition:

**Workers Compensation**

Have you ever made a workers compensation claim? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give claim details (eg. Year of Injury, company worked for, period of time off work)
Are any claims still current? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details of current claim:

**Criminal Convictions**

Have you ever been convicted of any offence in court, or are you currently the subject of any charges pending or the subject of an investigation before a tribunal? <i>(You do not need to give details or any conviction which you have had declared spent under the Spent Convictions Act 1988)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please provide details

## References: Please provide two relevant work referee's

Please provide details of at least two contactable **work-related referees** – i.e. your present or most recent employers/supervisors.

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

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 Williams.	
Signature: _____	Date: _____

*We would like to thank you for taking the time to complete this form.  
Please submit with your Resume and Application.*