



Temora Shire Council
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Confidential
Position Application Form
 FOR-BUS-HRRC-001

About this form

This application form is a source of information, which will be used by Temora Shire Council to assist us in considering your suitability for the position for which you are applying. If successful, such information shall form part of Council's personnel records. Failure to supply the information requested would prejudice Council's ability to assess your suitability for the position

Position Advertised

Position applied for:

Personal Details

Title: Miss Ms Mrs Mr Other: _____

Surname:

Given Names:

Preferred Name:

Home Address:

Town:

State:

Postcode:

Postal Address:

(if different to above)

Town:

State:

Postcode:

Contact Details:

Work:

Home:

Mobile:

Email:

Qualifications

Please provide details of any qualifications including university degrees, TAFE qualifications, licences, certificates, diploma's, etc.

Employment History

Present or most Recent Employer:

Employer:

Position:

Status:

Full Time

Part Time

Temporary

Casual

Length of Service:

Reason for Leaving:

Employment History continued				
Next Most Recent Employer:				
Employer:				
Position:				
Status:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>	Casual <input type="checkbox"/>
Length of Service:				
Reason for Leaving:				
Next Most Recent Employer:				
Employer:				
Position:				
Status:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>	Casual <input type="checkbox"/>
Length of Service:				
Reason for Leaving:				
Referees				
You are required to provide names and contact details for a minimum of two work referees who can testify to your skills, experience, qualifications, and aptitude in relation to the position you have applied for.				
Name	Position	Organisation	Telephone and email	
General				
If your application is successful, when could you commence employment?			Date:	
Is there any reason, including any medical issue or known condition, which may affect your ability to perform the inherent requirements of the position, including regular attendance at work? If yes, you are required to provide details in a separate document.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a current Australian Drivers Licence? If yes, do you have any outstanding charges against your driver's licence that would cause it to be disqualified either now or in the future? If yes, you are required to provide details in a separate document.			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Declaration

Privacy and Personal Information protection Act 1998

I ACKNOWLEDGE that:

- The personal information provided in this application is collected for the purpose of assessing suitability for employment for the position stated above.
- Access is limited to use by Council employees and other authorised persons.
- The personal information is voluntarily supplied and non-supply may cause delay or result in the application not proceeding.
- The personal information will be stored in Council's electronic record keeping system.

Requirements for Appointment:

I UNDERSTAND that I can only be appointed to Temora Shire Council if I:

- Provide proof of identity including birth certificate (for superannuation) and any other original documents such as certificates and licences as requested
- Pass a prescribed pre-employment medical examination or functional assessment as determined by council
- Undertake a criminal or working with children check as requested.
- Provide an RMS Traffic Record as requested.

I AGREE to Temora Shire Council carrying out background screening, including but not limited to criminal checks, as necessary as part of this application.

I DECLARE that to the best of my knowledge the information provided in this application and in any Curriculum Vitae/Resume enclosed is accurate.

I UNDERSTAND that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment will be terminated immediately. I also understand that false or incomplete answers relating to my medical history could mean that I cannot receive any workers compensation.

Signed:

Date:

Checklist:

For your application to be considered you must ensure the following items are included in your application:

Position Application Form	<input type="checkbox"/>
Resume	<input type="checkbox"/>
Cover Letter (Optional)	<input type="checkbox"/>
Supporting Documentation	<input type="checkbox"/>