



## ***CLONCURRY SHIRE COUNCIL***

### ***EMPLOYMENT APPLICATION***

Cloncurry Shire Council is an Equal Opportunity Employer and has a smoke free work environment. Council encourages applications from women, men, people of Aboriginal and Torres Strait Islander descent, people with disabilities and people from non-English speaking backgrounds.

This application will remain on file for a period of (3) three months.

**Any advertised position will need to be applied for separately.**

**Are you eligible to work in Australia?**    ☐ **Yes**                      ☐ **No**

#### **Personal Details:**

**Preferred Title:**            ☐ **Mr:**    ☐ **Mrs:**    ☐ **Miss:**    ☐ **Ms**

**Surname:** \_\_\_\_\_

**Given Name:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
(optional)

**Postal Address:** \_\_\_\_\_

**Telephone:**            Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

#### **Position Sought**

- |  |   |
|--|---|
| <input type="checkbox"/> Administration/Office           | <input type="checkbox"/> Full Time                  |
| <input type="checkbox"/> Labouring/Outside               | <input type="checkbox"/> Part Time                  |
| <input type="checkbox"/> Machinery Operator/Truck Driver | <input type="checkbox"/> Casual                     |
| <input type="checkbox"/> Child Care                      | <input type="checkbox"/> Traineeship/Apprenticeship |
| <input type="checkbox"/> Other.....                      | <input type="checkbox"/> Contract                   |

#### **Education and Qualifications**

1. \_\_\_\_\_ Year Completed \_\_\_\_\_

2. \_\_\_\_\_ Year Completed \_\_\_\_\_

3. \_\_\_\_\_ Year Completed \_\_\_\_\_

**Employment History** (Please detail your recent employment history or attach resume)

Employer	Position Held	Period of Employment	Reason for Leaving

**Licenses/Operator Tickets**

1. \_\_\_\_\_ Expiry Date \_\_\_\_\_
2. \_\_\_\_\_ Expiry Date \_\_\_\_\_
3. \_\_\_\_\_ Expiry Date \_\_\_\_\_
4. \_\_\_\_\_ Expiry Date \_\_\_\_\_
5. \_\_\_\_\_ Expiry Date \_\_\_\_\_
6. \_\_\_\_\_ Expiry Date \_\_\_\_\_

**Referees:**

1. \_\_\_\_\_ Contact Number \_\_\_\_\_
2. \_\_\_\_\_ Contact Number \_\_\_\_\_
3. \_\_\_\_\_ Contact Number \_\_\_\_\_

**This section is optional:** Do you identify yourself with any of the following EEO groups?

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Aboriginal/Torres Strait Islander Descent | <input type="checkbox"/> Disability | <input type="checkbox"/> Long Term Unemployed |
| <input type="checkbox"/> Non English speaking background           | <input type="checkbox"/> Women      | <input type="checkbox"/> Youth                |

Would you require special considerations for work?.....

I certify that the information on this application is true and correct.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

Received HR / /	Reviewing Officer
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