

APPLICATION FOR EMPLOYMENT			
Position Applied For:			
PERSONAL DETAILS			
Surname:			
Given Names:			
Preferred Title: Mr/Mrs/Miss/Ms		Other:	
Residential Address:			
Date of Birth:			
Home Phone:		Mobile Number:	
Email Address:			
Are you an Australian Citizen?			
Do you have a current Working Visa:		EXPIRY DATE	
EMPLOYMENT HISTORY			
Current/Most Recent	Position	From	To
Reason for Leaving:			
Second Most Recent	Position	From	To
Reason for Leaving:			

REFEREES			
List names and telephone numbers of referees who have <b>supervised your work</b> and whom we may contact.			
NAME:		CONTACT NO:	
NAME:		CONTACT NO:	
DRIVERS LICENCE INFORMATION			
Drivers Licence No.:	Classes:	Expiry Date:	
EDUCATION/TRAINING			
Secondary			
HIGHEST LEVEL ATTAINED		YEAR	
SCHOOL			
Post-Secondary <i>(Please list any professional qualifications and/or special skills training.)</i>			
Institution	Subjects Taken	Year	Results
Current Studies			
Qualifications: Are your qualifications registered in Western Australia?			

HEALTH				
<p><b>Important Notice: Please note that under Section 79 of the <i>Workers' Compensation and Rehabilitation Act</i>, wilful and false representation regarding a previous disability may preclude the payment of future compensation</b></p>				
Given the role for which you have applied, and having read/heard the Position Description, are there any physical or psychological concerns that could stop you from doing the job safely?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please explain:				
Have you ever had any other accident or disease which could affect your ability to work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please explain:				
WORKERS COMPENSATION CLAIMS				
<p><b>A previous Workers' Compensation claim is not a barrier to the consideration of an application for employment. This information assists us to provide a duty of care, not to aggravate an existing injury.</b></p>				
Have you ever made a claim for Workers Compensation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, is the claim closed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Type of injury:				
Duration of Workers Compensation:				

**NOTE: ANY OFFER OF EMPLOYMENT IS SUBJECT TO A PRE-EMPLOYMENT MEDICAL WHICH WILL INCLUDE A DRUG AND ALCOHOL TEST**

Convictions: Do you have any convictions for any offences from any court, or are you currently the subject of any charge pending before any court? You do not need to give details of any conviction which you have declared.

YES

☐

NO

☐

**THE FOLLOWING QUESTIONS ARE OPTIONAL AND NEED NOT BE COMPLETED. NON-COMPLETION OF THESE ITEMS WILL IN NO WAY PREJUDICE YOUR APPLICATION FOR EMPLOYMENT.**

Do you speak any language other than English?

Sporting interests/hobbies

Membership of Professional bodies:

Any further information you wish to provide in support of this application:

### ADDITIONAL INFORMATION

When would you be able to commence employment?

If employed, minimum period of notice required:

Comment: (Optional)

### DECLARATION

**I declare that the statements I have made and the information I have given are true to the best of my knowledge and belief. I have not withheld any relevant information required by this application, or made any false or misleading representation. I acknowledge that if I have knowingly or wilfully given false or misleading information or have withheld any information, it could result in 1) rejection of my application; 2) legal proceedings against me; or 3) dismissal after appointment.**

Signature of Applicant

Date

**PERSONAL AMBITIONS AND ACHIEVEMENTS**

1. What type of work do you find most interesting?

2. What do you feel are your greatest strengths, in the workplace?

3. What do you consider to be your weaker points, in the workplace, which may require development/training/education?

4. What do you consider to be your greatest achievement so far?

5. Where did you find/hear about this position?

Shire website

Newspaper

Facebook

Other