



Employment Application

Current for Twelve (12) Months from Date of Application

Date of Application: _____

1. Personal Details

First Name Family Name

Flat/Street No. Street Name

Suburb or Town State Postcode

Daytime Telephone Mobile

Email (if an appropriate contact)

2. Education

Secondary – tick the last year of secondary schooling completed.

Year 7 8 9 10 11 12

Additional Education/Qualifications – Circle additional trades/qualifications attained:

Trade Certificate Diploma Degree Other (specify):

Course Name(s):

Length of Course: mths/yrs Year Completed:

3. Employment History

Last Employer:

Position Held:

Briefly describe tasks performed:

Length of Employment: From: To:

Reason for Leaving:

Previous Employer

Position Held:

Briefly describe tasks performed:

Length of Employment: From: To:

Reason for Leaving:

**Lockhart Shire Council
Employment Application – continued**

4. Referees

1. Name:	<input type="text"/>	Position:	<input type="text"/>
Company:	<input type="text"/>	Ph:	<input type="text"/>
2. Name:	<input type="text"/>	Position:	<input type="text"/>
Company:	<input type="text"/>	Ph:	<input type="text"/>
3. Name:	<input type="text"/>	Position:	<input type="text"/>
Company:	<input type="text"/>	Ph:	<input type="text"/>

5. Additional Licences: Tick the appropriate box

Class 1A Car (NSW/Vic)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Licence Number	<input type="text"/>
Traffic Controllers Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Heavy Vehicle Licence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type i.e. MR, HR	<input type="text"/>
Traffic Control Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Stop/Slow)	<input type="text"/>
Construction Induction Cert.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(White Card)	<input type="text"/>
Other Licences	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, specify:	1	<input type="text"/>		
	2	<input type="text"/>		
	3	<input type="text"/>		

6. Medical Condition

Do you have any known medical condition or disability (e.g. partial loss of eyesight or hearing, previous back injury, rheumatic fever, etc.)? If yes, give details.

Should you be offered a permanent position you will be required to undertake a medical examination.

I declare the above information to be correct.

Signed:

Date:

Lockhart Shire Council is an Equal Opportunity Employer.

The Privacy and Personal Information Protection Act 1998 (PPIA) provides for the protection of personal information and privacy of individuals generally.

The information collected on this form may be provided to other officers within Council to assist in assessing/determining your application.