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**APPLICATION FOR EMPLOYMENT**

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| **Position applied for:** |
| * Casual
 | * Part – Time
 | * Full – Time
 |
| **Department:** |
| * Aged Care
 | * Night Patrol
 | * Sport & Rec
 |
| * Administration
 | * Municipal
 | * Other
 |

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| **Personal Details:** |
| Given Names: |  |
| Surname: |  |
| Address: |  |
| Postal Address: |  |
| Phone Number: |  |
| Date of Birth: |  |

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| **Employment History:** |
| Recent Employer Name: |  |
| Position Held: |  |
| Dates of Employment: |  |
| Reason for Leaving: |  |
|  |
| Recent Employer Name: |  |
| Position Held: |  |
| Dates of Employment: |  |
| Reason for Leaving: |  |
|  |
| Recent Employer Name: |  |
| Position Held: |  |
| Dates of Employment: |  |
| Reason for Leaving: |  |

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| **Referees:** |
| Name & Contact Number: |  |
| Name & Contact Number: |  |
| Name & Contact Number: |  |

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| **License Information:** |
| Drivers License Number: |  | Expiry: |  |
| OCHRE Card Number: |  | Expiry: |  |
| White Card: |  | Expiry: |  |
| Other: |  | Expiry: |  |
| Other: |  | Expiry: |  |
| Other: |  | Expiry: |  |

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| **Qualifications:** |
| Please list any qualifications that you currently hold |  |
| **Equipment / Machinery:** |
| Please list any work related equipment / machinery you can operate |  |

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| **Additional Information:** |
| When can you commence employment |  |
| If employed, how much notice is required: |  |
| Is there any factors which will cause you to take time off work  |  |
| Is there any factor which will effect your ability to perform duties |  |
| Are you a CDP participant?Yes [ ]  No [ ]  If yes please provide details and number |  |

This document is only an application for employment, and is not guaranteed a position with Barkly Regional Council. When a position that you are interested in becomes vacant, we will contact you so that you can apply for that position.

**Declaration:**

I certify that the above information is to the best of my knowledge and belief, true and accurate. I understand that Barkly Regional Council reserves the right to verify all information in my application and that false information will be sufficient reason for my rejection as an applicant or my dismissal if employed by Barkly Regional Council.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Office Use:**

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Date sent to Human Resources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_