



Position Details (If known)

Position Title: _____ Position Code: _____
Department: _____ Location: _____

Applicant Details

Name: _____
Address: _____
Contact phone: _____
Contact Email: _____
Date Available: _____
Driver's License Class: _____ Number: _____ Expiry Date: _____

Employment History

Most recent position first

Position: _____
Company: _____
Start Date: _____ Finish Date: _____
Duties: _____

Contact Person: _____ Position: _____ Contact Number: _____

Position: _____
Company: _____
Start Date: _____ Finish Date: _____
Duties: _____

Contact Person: _____ Position: _____ Contact Number: _____

Position: _____
Date Received _____ Initial _____



Company: _____

Start Date: _____ Finish Date: _____

Duties: _____

Contact Person: _____ Position: _____ Contact Number: _____

Additional Information

Have you had a medical test in the last 12 months? Yes No

Is there any reason you may not be able to perform the duties required of this position in a safe manner? Yes No

Have you attached a National Police Clearance? Yes No

Have attached a copy of your resume to this application? Yes No

Have you attached evidence of your right to work in Australia?
(E.g. Birth certificate, passport, visa, citizenship certificate) Yes No

Declaration

I declare that the information given is true and correct

I consent to the Shire of Dundas contacting my referees for verification of my previous work history.

I understand that a police clearance, evidence of my right to work in Australia and full medical will be required before commencing employment.

Print Full Name: _____

Signed: _____ Date: _____

Date Received

Initial
