

EMPLOYMENT APPLICATION COVER SHEET/CONSENT FORM

- 1.This sheet must be completed and attached to the front of your application.2. Applications will not be accepted if relevant sections are not fully completed.
- 3. Complete a separate application for each position you wish to be considered.
- 4. Applications received after closing date may not be accepted.
- 5. Should you require an interpreter or assistance with access to premises, you are to inform the contact officer.

Name:		
Postal Address:		
Suburb:	Post Code:	
Contact Telephone No:	Mobile:	
Email Address:		
Date of Birth://	_ Male ☐ Female ☐	
Drivers Licence No:	Expiry Date:/Class:	
Emergency Contact:		
Emergency Contact telephone number:		
ESSENTIAL – YOU MUST ENCLOSE Claims against Selection Criteria as listed on the position description Copy of resume (including contact details for two (2) referees) OPTIONAL – ADDITIONAL MATERIAL TO SUPPORT YOUR APPLICATION Copies of licences or certificates held (do not send originals)		
Equal Employment Opportunity (This section is for compliance with EEO legislation only)		
Country of Birth:	Nationality:	
Are you an Australian Citizen or Permanent Resident ? Yes No		
If not, do you hold a valid Working Visa? Yes ☐ No ☐ (copy will be required)		
Are you an Australian Aboriginal and / or Torres Strait Islander? Yes ☐ No ☐		
It is the policy of Gilgandra Shire Council to welcome applications from people with disabilities and to attempt to meet reasonable / appropriate work-related requirements of employees.		
Do you have a disability? Yes \square No \square If yes, please indicate how the workplace might be adjusted to overcome any barriers that may affect your performance:		

Where did you see or hear about the vacancy advertised?		
☐ Newspaper (please specify which one) ☐ Council Website		
☐ Local Government Job Directory ☐ Word of Mouth (friend, relative etc)		
☐ Job Vacancy Website (eg: Seek) ☐ Internal Vacancy Circular ☐ Other		
REFERES (Regarding work and / or education) Please provide names and addresses of at least two (2) referees, one of which should be your most recent employer who will be contacted prior to an offer of employment is considered.		
1)NameTitle_		
AddressOrganis	sation	
Phone	<u> </u>	
2)NameTitle_		
AddressOrgani	sation	
Phone	<u> </u>	
Consent (signature required below)		
 I understand and agree that:- Gilgandra Shire Council may arrange for employm I certify that all medical particulars will be provided medical should my application be successful. Gilgandra Shire Council may contact my nominate from me (delete with or without in accordance with Gilgandra Shire Council may verify membership, a pertaining to my qualifications from academic or present to the terms and conditions of my employment will be 1993, the relevant industrial award / agreement and I further confirm that:- I certify that all answers and statements on this aptrue and complete to the best of my knowledge. I understand that should I provide false, untruthful be rejected, offer of employment withdrawn or my description. 	to Council by way of a pre-employment d referees, with/without further confirmation your wishes) Ind seek relevant supporting information refessional bodies. e in accordance with the Local Government Ac d the policies of the Gilgandra Shire Council. plication form and any attachments thereto are or misleading information, this application may	
 subsequently terminated. I will provide documentary evidence of identificatio commencement. NameSignature	n, qualifications and registration prior to Date / /	

Please return all applications to the General Manager PO Box 23 Gilgandra NSW 2827