



## JOB APPLICATION FORM

<b>POSITION APPLIED FOR</b>	Title: .....																		
<b>PERSONAL PARTICULARS</b>	Surname: ..... Other Names: ..... Date of Birth: ..... Street: ..... Suburb: ..... Post Code: .....																		
<b>CONTACT DETAILS</b>	Work Phone: ..... Home Phone: ..... Mobile Phone: ..... Fax Number: ..... e-mail: .....																		
<b>QUALIFICATIONS &amp; LICENCES</b>  <i>1. Please include details of qualifications in your résumé. 2. Attach <b>copies</b> of all qualifications, certificates of attainment and licences to this form. 3. If you don't have any qualifications please still apply outlining your relevant experience in your letter or résumé.</i>	Please list your qualifications, including any current studies.  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%; border-bottom: 1px solid black;">Qualification/Licence:</th> <th style="width: 20%; border-bottom: 1px solid black;">Date gained:</th> </tr> </thead> <tbody> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> </tbody> </table>	Qualification/Licence:	Date gained:																
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<b>CURRENT POSITION</b> (If applicable)	Company: ..... Address: ..... ..... Position: ..... Length of Service: .....																		

<p><b>DETAILS OF LOCAL GOVERNMENT EXPERIENCE</b> (If applicable)</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Do you have any disabilities or illnesses that may require support from your employer to enable you to perform the requirements of this position?\*

Yes  No

If **Yes**, please provide details: .....

.....

**PRE-EMPLOYMENT MEDICAL \***

All prospective employees are required to attend a pre-employment health assessment. The purpose of this assessment is to establish your fitness in respect to the job you have applied for. This health assessment will be paid for and carried out by a provider nominated by the Shire of Mundaring.

A summary of findings of the medical assessment will be provided to a delegated senior officer for review. Private and confidential medical information will not be requested without the informed written permission of the person to whom this relates.

A satisfactory medical assessment is a requirement for appointment.

**DECLARATION**

I declare that all the above statements are true. I accept that I may be required to attend a confidential health assessment. I agree to the findings of that assessment being released (in confidence) to the delegated senior officer as detailed above.

I acknowledge that this health assessment is conducted on the basis of assessing my fitness for the position I have applied for.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*The Shire of Mundaring is an equal opportunity employer. If you are being considered for a position and you have a disability or medical condition that may impact on your ability to carry out the duties of the position, we will discuss this with you in confidence prior to making our selection decision.*

**Thank you for your application.**