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| cid:image001.png@01D3FD76.C43EBAD0POSITION APPLICATION FORMPlease complete and return this along with your Resume, Cover Letter and any other associated documentation to recruitment@murweh.qld.gov.au  |
| VACANCY DETAILS |
| Job Ref ID: **VP.18-20** | POSITION: DIESEL FITTER |
| PERSONAL DETAILS |
| Title: [ ] Mr [ ] Mrs [ ] Ms [ ] Miss | First Name: | Last Name: | Date of Birth: |
| Residential Address: | Postal Address: |
| Mobile:  | Daytime Contact No: | Email: ***must be provided*** |
| Are you an Australian Citizen or permanent resident of Australia? [ ]  Yes [ ]  No |
| Have you previously worked for Murweh Shire Council? Yes 🞎 No 🞎 If yes please include details in your resume/CV  |
| REFEREE DETAILS (Not to be family or friends and must be current) |
| Do you agree to have referees contacted in relation to this application? (tick one) [ ]  Yes [ ]  No |
| Name | Contact number | Position held/working relationship (for example, supervisor) | *Office use check Initial/date* |
|  |  |  |  |
|  |  |  |  |
| PREVIOUS EMPLOYMENT (most recent first) |
| Employer name/establishment | Dates from/to | Position held | Reason for leaving | *Office use check Initial/date* |
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| **DECLARATIONS** |
| HEALTH |
| Do you have any previous or current medical condition or restriction, physical or otherwise, which may affect your ability to perform the essential requirements of the job?[ ]  Yes [ ]  NoIf `Yes’ please provide details:*Important Note: Disclosure of a medical condition or restriction does not necessarily exclude an applicant from employment.* |
| WORKERS COMPENSATION CLAIMS |
| Have you ever made a workers’ compensation claim? This must include any medical condition or restriction arising from a previous workers’ compensation claim. Failure to provide such information may jeopardise your rights to workers’ compensation if a pre-existing disability is aggravated at work (Section 79 of the Workers’ Compensation and Injury Management Act 1981).[ ]  Yes [ ]  NoIf `Yes’ please provide claim details *(eg. Year of injury, company worked for, period of time off work)*Are any claims still current?[ ]  Yes [ ]  No [ ] Not applicableIf `Yes’ please provide claim details |
| CRIMINAL CONVICTIONS |
| Do you have any current convictions for any offences from any court, or are you currently the subject of any charge pending before any court? [ ]  Yes [ ]  NoIf `Yes’ please provide details: |
| OTHER DETAILS |
| Do you have a current National Police Certificate (less than 6 months old)? [ ]  Yes [ ]  No  |
| Do you have a current Australian Drivers Licence? [ ]  Yes [ ]  No [ ]  Manual [ ]  Automatic |
| Have you ever been disqualified from driving? [ ]  Yes [ ]  No |
| If yes, please provide details: |
| APPLICANT DECLARATION |
| I declare that to the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application. Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_*Privacy: Your application form contains personal information, which will be dealt with in accordance with our Privacy Policy. If you are successful in your application your form will become an employment record. If you are unsuccessful your application form will be destroyed.* |