

APPLICATION FOR EMPLOYMENT

APPLICANT DETAILS

First Name: _____ Last Name: _____

Postal Address: _____

Date of Birth: ____/____/____ Phone: _____

Email: _____

Are you legally entitled to work in Australia?

☐ Yes, I am an Australian/New Zealand citizen or permanent resident

☐ Yes, I hold a valid work visa

Have you previously been employed by or made an application for a position within the West Coast Council?

☐ No

☐ Yes (Please give details) _____

Are you applying for an advertised vacancy?

☐ Yes. Please state the title of the position: _____

☐ No. Please state the type of work sought: _____

How did you hear about this vacancy?

☐ West Coast Council Website

☐ Seek / Employment website

☐ Facebook

☐ Newspaper

☐ Word of Mouth

☐ Other

If other please provide details: _____

Do you hold any of the following licences?

☐ Car

☐ Light Rigid

☐ Medium Rigid

☐ Heavy Rigid

☐ Heavy combination

☐ Multi combination

Have you ever been disqualified from holding a licence?

☐ Yes

☐ No

If Yes, provide details: _____

RETURN COMPLETED FORMS TO:

West Coast Council

P: (03) 6471 4700

E: wcc@westcoast.tas.gov.au

PO BOX 63 QUEENSTOWN TAS 7467

11 STICHT STREET QUEENSTOWN TAS 7467



WORKERS COMPENSATION

Have you ever made a claim for worker’s compensation? ☐ Yes ☐ No

If yes, please provide details:

REFEREES

We will contact referees only after the interview process is complete.

Name of referee: _____

Email address: _____

Contact number: _____

Relationship to referee: _____

Name of referee: _____

Email address: _____

Contact number: _____

Relationship to referee: _____

I certify that the particulars and information provided in this application are correct to the best of my knowledge and I am aware that if this application is successful, any false or inaccurate statements made or information withheld may result in the immediate termination of my employment or the imposition of sanctions or penalties prescribed by law.

SIGNATURE

_____/_____/_____
DATE