

# Employment Application / Enquiry Form

Current for Six Months from Date of Application



Date of Application: \_\_\_\_\_

## 1. Personal Details

First Name  Family Name

Flat/Street No.  Street Name

Suburb or Town  State  Postcode

Daytime Telephone  Mobile

Email (if an appropriate contact)

## 2. Type of Employment

Tick the type of employment are you seeking?

Administration  Plant Operator

Parks & Gardens  Other

## 3. Education

**Secondary** – tick the last year of secondary schooling completed.

Year 7  8  9  10  11  12

**Additional Education/Qualifications** – Circle additional trades/qualifications attained:

Trade Certificate Diploma Degree Other (specify):

Course Name(s):

Length of Course:  mths/yrs Year Completed:

## 4. Employment History

Last Employer:

Position Held:

Briefly describe tasks performed:

Length of Employment: From:  To:

Reason for Leaving:

**Balranald Shire Council**  
**Employment Application / Enquiry Form – continued**

**5. Referees**

1. Name:  Position:   
Company:  Ph:

2. Name:  Position:   
Company:  Ph:

**6. Additional Licences: Tick the appropriate box**

Class 1A Car (NSW)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Licence Number	<input type="text"/>
Traffic Controllers Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type (Blue, Yellow, Red)	<input type="text"/>
Heavy Vehicle Licence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type i.e. MR, HR, HC	<input type="text"/>
Construction Induction Cert.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(White Card)	<input type="text"/>
Other Licences	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

If yes, specify:

1

2

3

**7. Medical Condition**

Do you have any known medical condition or disability (e.g. partial loss of eyesight or hearing, previous back injury, rheumatic fever, etc.)? If yes, give details.

Should you be offered a position (casual, temporary or permanent) you will be required to undertake a medical examination.

I declare the above information to be correct.

Signed:

Date:

***Please attach an up to date resume and cover letter to this application***

The Privacy and Personal Information Protection Act 1998 (PPIA) provides for the protection of personal information and privacy of individuals generally.

The information collected on this form may be provided to other officers within Council to assist in assessing/determining your application.

**Please return your application to:** By Hand: Balranald Shire Council, 70 Market Street, Balranald  
By Post: Balranald Shire Council, PO Box 120, Balranald  
By Email: [hr@balranald.nsw.gov.au](mailto:hr@balranald.nsw.gov.au)