



Application for Casual Employment

Thankyou for your interest in obtaining casual employment with the Shire of Esperance

When you have completed the Application form please return to the Human Services Manager either by e-mail at employment@esperance.wa.gov.au or to the Shire Administration Offices in Windich Street or Post Office Box 507, Esperance, WA, 6450.

This casual application will be current for eight (8) weeks from date of application. If you have not been contacted during that period your application will have been unsuccessful.

Should you have any enquiries whilst completing this application please contact the Human Services Department on (08) 9071 0642.

Council is an equal opportunity employer and provides a smoke free workplace.

Position Applying for :

PART 1 - PERSONAL DETAILS		
Title: (Mr, Mrs, Miss, Ms, etc)		
Surname:		
Given Name/s:		
Date of Birth:		
Street Address:		
Postal Address (if different from above):		
Suburb:	State:	Postcode:
Email Address:		
Home Phone:	Mobile Phone:	
Are you legally able to work in Australia? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you hold a current unrestricted Australian Vehicle Driver's Licence? Yes / No		
Licence Class held (<i>please circle</i>) C / R / RE / LR / MR / HR / HC / MC		

PART 2 - EMPLOYMENT HISTORY

Period of Employment	Name of Employer	Reason for Leaving	Position Held

Please provide details of at least two contactable **work-related referees**. Eg. Your present or most recent employer/supervisors.

(Referee) Name	Company	Contact Number	Position Held

Other relevant Courses and Certificates:

Please list plant, tools and other equipment you have experience with:

PART 3 - DECLARATIONS

The following declarations are NOT a barrier to being considered for employment but will assist us to take due care in assessing appropriate placement should you be successful in obtaining a position with the Shire.

HEALTH:

To the best of your knowledge, do you have a medical condition that will preclude you from undertaking the duties of the position you have applied for?

No Yes

If "Yes" please provide details of condition

WORKERS' COMPENSATION CLAIM:

Have you ever made a workers' compensation claim?

No Yes

If "Yes" please describe claim details (*eg. Year of injury, Company worked for, Period of time off work*)

Are any claims still current?

No Yes

If "Yes" please provide details of current claims

APPLICANT DECLARATION

I declare that all the above statements and attached supporting information are true in all respects.
I acknowledge that any statement which is found to be false or deliberately misleading will make me, if employed, liable for dismissal.

Signed

Date