

Application for Casual Employment



Complete this form to express an interest in casual employment opportunities. *Applications for casual employment will be kept on file for 3 months.*

APPLICANT DETAILS

Surname: Given Name/s:

Date of Birth: Contact Number:

Email:

Residential Address:

Postal Address:

Drivers Licence Number: Expiry: State:

Licence Class: C R RE MR LR HR HC MC *Please attach a copy of your current driver's licence*

Are you an Australian citizen or Australian Permanent Resident? Yes No

Do you have a current working visa? *If yes, please provide a copy.* Yes No

PREVIOUS EMPLOYMENT DETAILS

Period of Employment	Name of Employer	Position Held	Reason for Leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REFEREES

Please provide details of two current or previous direct line supervisors or managers that we may contact to confirm details of your previous employment.

Name: Contact Number:

Organisation: Position Held:

Name: Contact Number:

Organisation: Position Held:

POLICE CLEARANCE

Please note that offers of employment with the Shire of Esperance may be subject to applicants providing a satisfactory National Police Clearance prior to commencement.

APPLICANT DETAILS

Relevant Skills & Experience:

Qualifications, Trade & Certificates:

Plant, Tools & Equipment:

HEALTH

To assist in assessing opportunities for your placement in appropriate employment, please advise whether you have a health condition that may affect your ability to undertake the inherent requirements of the role?

- A health condition is not an automatic barrier to employment with the Shire of Esperance Applicants who have a health condition are invited to discuss its relevance to the position with Human Resources on (08) 9071 0642.
- Please note that all new employees will be required to undergo drug and alcohol testing prior to being offered employment with the Shire.
- Please note that a pre-employment medical assessment may be requested.
- Some positions will require the applicant to be fully vaccinated against COVID-19.

Do you have an underlying health condition? *If yes, please provide details below:* Yes No

COVID-19 Vaccination Status:

1st Dose 2nd Dose Booster Exempt *If vaccinated, please provide a copy of your certificate.*

CHECKLIST

Have you:

- | | |
|--|--|
| <input type="checkbox"/> Completed this application form in full | <input type="checkbox"/> Provided contact details for at least two work-related referees |
| <input type="checkbox"/> Provided a copy of your resume | <input type="checkbox"/> Provided a photocopy of your current Driver's Licence |
| <input type="checkbox"/> Provided a copy of your vaccination certificate | |

DECLARATION

I declare that all the above statements and attached supporting documents 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.

Signature _____

Applicant

_____ Date

Submit your completed application form and resume to the CEO:

- By hand: 7 Windich Street, Esperance;
- By post: PO Box 507, Esperance WA 6450, or
- By email: employment@esperance.wa.gov.au