## EMPLOYMENT APPLICATION FORM

6177 Great Northern Highway PO Box 70 Bindoon WA 6502 ∂ (08) 9576 4600 ☑ chatter@chittering.wa.gov.au www.chittering.wa.gov.au



Please complete this Employment Application Form and submit along with your Resume, cover letter etc.

APPLICANT DETAILS									
Position									
Surname									
Given Name/s									
Mobile /Phone									
Email Address									
Address									
State	Postcode								
RIGHT TO WORK									
Please tick appropr	YES	NO							
Are you an Australi									
If NO, are you a New									
If NO, have you bee									
If NO and you have the right to work in Australia, please provide more details?									
LEGISLATIVE REQUIREMENTS									
As a Local Government Authority, the Shire of Chittering is required to comply with any current or future applicable legislation (State and Federal) inclusive of Public Health Directions, (such as Mandatory vaccination of occupations and workforces in WA) therefore prospective employees must be aware that compliance with applicable legislation is a condition of employment.									
Please tick box:	YES	NO							
Do you acknowledg compliance require									

Are your willing to provide evidence of your vaccination status or an approved Medical exemption (i.e. IMo11 form) if requested by the Shire of Chittering in order to continue to comply all State Government public health orders and directives, current and as they may change from time to time?

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## HEALTH

Injuries and/or disabilities are NOT a barrier for employment with the Shire but this knowledge does help us to assist in appropriate employment and support.

Please tick appropriate box:										
To the best of your knowledge (concerning any and all health factors), are you aware of any health reasons or accessibility requirements that may affect your ability to perform this job?										
Do you need any accommodations to perform this job to the best of your ability?										
If YES, please detail needed accommodations / requirements here or attach separately;										
Previous workers compensation claim/s are NOT a barrier for employment with the Shire but this knowledge does help us to assist in appropriate employment and support.										
Please tick appropriate box:										
Have you previously made a worker's compensation claim/s?										
If YES, please give details:										
CONVICTIONS										
A condition of employment for all Shire of Chittering employees is the provision of a current National Police Check, however a criminal record does not necessarily disqualify an applicant. If your application is solely rejected because of a criminal record, you will be given the opportunity to discuss the matter fully before a final decision is made.										
Please tick appropriate box:	YES	NO								
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?										
If YES, please give details (you do not have to give any details of any conviction which you have declared Spent as per the Spent Convictions Act 1998)										

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CHECKLIST										
Please tick appropriate box if the following have been attached:							YES	ΝΟ		
Cover letter										
Resume /	Curriculum	n Vitae								
Copies of	any releva	nt qualific	ations							
Driver's licence details* (fill details below)										
State		Class	٦	Number		Expiry	1	1		
Copy of current Working with Children Check*										
Copy of current National Police Clearance**										
* Only required if listed in the selection criteria / ** Only required if you are the successful applicant										
PROMOTION SURVEY										
Can you please tell us how you heard about this job opportunity?										
Shire of Chittering Website										
Shire of Chittering Facebook Page										
SEEK Employment										
Local Newspaper										
The West Australian Newspaper										
LG Professionals West Australian										
Other (please list)										
DECLARATION										
I,, declare statements in this application to be 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 of Applicant Date										