

Office Hours: Monday - Friday 8.30am - 5.00pm

P. 07 4741 2900

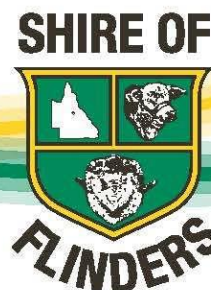
PO Box 274 Hughenden Q 4821

F. 07 4741 1741

34 Gray St, Hughenden Q 4821

flinders@flinders.qld.gov.au

[www.flinders.qld.gov.au](http://www.flinders.qld.gov.au)



## APPLICATION FOR EMPLOYMENT

| Sighting of Advertisement  |  |                   |                           |
|--|--|-------------------|---------------------------|
| To assist Flinders Shire Council (FSC) in undertaking effective advertising, please indicate where you saw this vacancy advertised (for those persons not currently employed by FSC):  |  |                   |                           |
| <input type="checkbox"/> Newspaper – please specify:   | <input type="checkbox"/> The Flinders Post               |                   |                           |
| <input type="checkbox"/> FSC Website   | <input type="checkbox"/> Other Website – please specify: |                   |                           |
| <input type="checkbox"/> Other – please specify:   |  |                   |                           |
| Vacancy Details  |  |                   |                           |
| To apply for a Labourer, Plant Operator or Truck Driver position with Council, full completion of this form and submission by the due date is sufficient. NOTE THAT applicants for all other vacancies must also complete and attach the relevant Key Selection Criteria Statement in order for their application to be considered.  |  |                   |                           |
| The application must be forwarded to:<br>Postal: Chief Executive Officer, Flinders Shire Council, PO Box 274, Hughenden Queensland 4821; or<br>Email: <a href="mailto:flinders@flinders.qld.gov.au">flinders@flinders.qld.gov.au</a>   |  |                   |                           |
| <b>Vacancy applying for:</b>   |  |                   |                           |
| <b>Reference Number:</b>   | <b>VRN:</b>  |                   |                           |
| Collection Notice  |  |                   |                           |
| The information being collected in this form is for the purposes of assessing your application for employment with Council. Staff and Council representatives who are involved with the recruitment and selection process may be privy to the information collected in this form. Council may disclose your personal information to:   |  |                   |                           |
| <ul style="list-style-type: none"><li>• Council's medical practitioners where a satisfactory medical assessment is a condition of the offer of employment; and</li><li>• other organisations, agencies and individuals as necessary to verify the details of your application and determine suitability for employment (including but not limited to State or Federal Police Service to conduct a criminal history check; Universities/Institutions to verify qualifications; referees).</li></ul> |  |                   |                           |
| The details provided in this form will not be disclosed to any other third party apart from the above-mentioned third parties without your consent unless Council is required to do so by law, in accordance with the <i>Information Privacy Act 2009</i> (Queensland).  |  |                   |                           |
| Applicant Details  |  |                   | * Optional questions only |
| <b>Surname:</b>  |  |                   |                           |
| <b>First Name:</b>   |  |                   |                           |
| <b>Postal Address:</b>   |  |                   |                           |
| <b>Residential address:</b>  |  |                   |                           |
| <b>Mobile:</b>   |  | <b>Phone (H):</b> |                           |

|  |   |
|--|---|
| <b>Email:</b>  |   |
| <b>Preferred contact method:</b>   | <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email   |
| <b>Do you have the legal right to obtain employment in Australia?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>* Do you experience a disability or handicap?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Details:</b>   |
| <b>* Are you of Aboriginal and/or Torres Strait Islander descent?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>* Main language spoken at home:</b>   | <input type="checkbox"/> English <input type="checkbox"/> Other – <b>Details:</b>   |
| <b>Driver's Licence Details</b>  |   |
| <b>Class of licence held:</b>  | <input type="checkbox"/> C (Car) <input type="checkbox"/> LR <input type="checkbox"/> MR <input type="checkbox"/> HR<br><input type="checkbox"/> MC <input type="checkbox"/> HC <input type="checkbox"/> RE <input type="checkbox"/> UD<br><input type="checkbox"/> Restricted <input type="checkbox"/> Open <input type="checkbox"/> Provisional <input type="checkbox"/> International  |
| <b>Licence issued in:</b>  | <input type="checkbox"/> Queensland <input type="checkbox"/> Another Australian State / Territory<br><input type="checkbox"/> International   |
| <b>Plant Operators Ticket Details</b>  |   |
| <b>Current Tickets:</b>  | Please select the plant for which you hold a current Certificate of Competency (e.g. WH&S QLD Plant Operator ticket and/or a Certificate of Competency from a Registered Training Organisation):<br><input type="checkbox"/> Excavator (LE) <input type="checkbox"/> Front-end Loader (LL)<br><input type="checkbox"/> Roller (LR) <input type="checkbox"/> Scraper (LP)<br><input type="checkbox"/> Grader (LG) <input type="checkbox"/> Front-end Loader/Backhoe(LB)<br><input type="checkbox"/> Dozer (LZ) <input type="checkbox"/> Skid-steer Loader (LS) |
| <b>Trade Certificates</b>  |   |
| <b>Please list the Trade Certificates which you currently hold (e.g. carpentry, diesel fitter, plumbing):</b>  | •<br>•<br>•<br>•<br>•   |
| <b>Qualifications</b>  |   |
| <b>Do you possess a 'Blue' or 'White' card? (General Safety Induction Construction Industry Certification)</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>Do you possess a 'Blue' Card? (Working with Children Certification)</b>                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>Primary / Secondary Education:</b>  | <b>School – Year Finalised (e.g. 1991):</b><br><b>School – Year Graduated (e.g. Year 10):</b>   |

|   |  |
|---|--|
| <b>Tertiary Qualification (1)</b>   | <input type="checkbox"/> Certificate<br><input type="checkbox"/> Diploma<br><input type="checkbox"/> Degree<br><input type="checkbox"/> Post Graduate<br><br><b>Course Name:</b>   |
| <b>Tertiary Qualification (2)</b>   | <input type="checkbox"/> Certificate<br><input type="checkbox"/> Diploma<br><input type="checkbox"/> Degree<br><input type="checkbox"/> Post Graduate<br><br><b>Course Name:</b>   |
| <b>Other Tickets / Licences / Qualifications</b>  |  |
| <b>Please list any other tickets / licences / qualifications you currently hold:</b>  | <input type="checkbox"/> Forklift<br><input type="checkbox"/> Traffic Control<br><input type="checkbox"/> Chainsaw – Level<br><input type="checkbox"/> Other – Details:<br><br><input type="checkbox"/> ACDC Licence<br><input type="checkbox"/> CPR Certificate<br><input type="checkbox"/> First Aid – Level |
| <b>Employment History</b>   |  |
| Please provide details of your employment history <b>most applicable</b> to the position you are applying for. If a resume is being provided which includes <b>all</b> of the details requested below, you may write 'refer to resume'. |  |
| <b>Employer 1</b>   |  |
| <b>Position Title and Summary of Duties:</b>  |  |
| <b>Length Of Service:</b>   |  |
| <b>Year Completed Service:</b>  |  |
| <b>Employer 2</b>   |  |
| <b>Position Title and Summary of Duties:</b>  |  |
| <b>Length Of Service:</b>   |  |
| <b>Year Completed Service:</b>  |  |
| <b>Employer 3</b>   |  |
| <b>Position Title and Summary of Duties:</b>  |  |
| <b>Length Of Service:</b>   |  |
| <b>Year Completed Service:</b>  |  |

| Employer 4   |  |
|--|--|
| Position Title and Summary of Duties:  |  |
| Length Of Service:   |  |
| Year Completed Service:  |  |
| Work Related Referees  |  |
| A minimum of 2 work related referees is <b>mandatory</b> for all applicants not currently employed by FSC. A referee should be a person who <b>directly supervised</b> you in the workplace. |  |
| Do you permit FSC to contact your referees without first consulting you?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Referee 1  |  |
| Name:  |  |
| Organisation:  |  |
| Telephone Number 1:  |  |
| Telephone Number 2:  |  |
| Referee 2  |  |
| Name:  |  |
| Organisation:  |  |
| Telephone Number 1:  |  |
| Telephone Number 2:  |  |
| Referee 3  |  |
| Name:  |  |
| Organisation:  |  |
| Telephone Number 1:  |  |
| Telephone Number 2:  |  |

| <b>Application Declaration</b>   |  |
|----------------------------------|--|
| <b>Declaration:</b>              | <p>I certify that the information contained in this Application for Employment form and any other written information submitted as part of my application is true and complete. I understand that, should I provide untruthful or misleading information, this application may be rejected or my employment with Flinders Shire Council (FSC) subsequently terminated.</p> <p>I understand that I will be required to present original licences, tickets and qualifications (including proof of my ability to work in Australia) upon, or prior to, commencement of employment with FSC.</p> <p>I understand that I may be subject to undergo a pre-employment medical examination (including a drug and alcohol test), criminal history check, check on eligibility to obtain a "Blue Card" (working with children), and other checks/tests (e.g. literacy and numeracy tests, plant competency tests) in order to obtain employment with FSC.</p> <p>I understand that some positions with Council require the employee to undergo mandatory immunisation or provide medical documentary evidence of suitable immunisation as the work environment may involve exposure to areas identified as "at risk" work areas.</p> |
| <b>Applicant's Signature:</b>    | <b>Date:</b>   |
| <b>Privacy Collection Notice</b> | <p><i>Flinders Shire Council is collecting your name, residential address and telephone number in accordance with the Local Government Act 2009 in order to process your application. The information will only be accessed by employees and/or Councillors of Flinders Shire Council for Council business related activities only. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.</i></p>  |