

Private and Confidential



Blackall-Tambo **Regional Council** **Job Application Form**

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| Position Name | |
|---------------|--|

Please note separate application forms are required for each position with Council and must be received by the advertised closing date. Please ensure that your application is fully completed.

Please Note: Do not attach original documents with application, please provide copies.

Part A - Personal Details

| | |
|---|----------|
| Name in Full Miss/Mr/Ms | |
| Street Address | |
| Suburb | |
| State | |
| Postcode | |
| Phone Number(Home) | |
| Phone Number (Day/Work) | |
| Email Address | |
| Drivers Licence (class & licence number) | |
| Do you hold permanent Australian Residency | Yes / No |
| If No, provide details of Visa Status | |

Envelopes to be marked and addressed to:

Private and Confidential
Attention: Chief Executive Officer
Blackall-Tambo Regional Council
PO Box 21
BLACKALL QLD 4472
(07) 46 216 600
(07) 46 216 660
www.btrc.qld.gov.au
HR@btrc.qld.gov.au

Telephone:

Fax:

Internet Address:

Email:

Part B – Why have you applied for this position

Please explain why you have applied for this position and what qualities you can bring to this position– *Attach pages if typed or extra hand- written pages are necessary*

Part C – Selection Criteria – *If Applicable*

Please explain how you meet each of the **SELECTION CRITERIA** for the position included in your application package (if applicable). –*Attach pages if typed or extra hand- written pages are necessary (Please do not exceed one page per selection criteria)*

Part E – Education (includes University qualifications, TAFE certificates, and Licences and professional development courses)

Please provide details of Tertiary and/or Secondary education you have completed or are currently undertaking. You may be asked to provide the original qualification or course transcript at a later stage.

| Year Commenced | Year Completed | Qualification | Institution |
|----------------|----------------|---------------|-------------|
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Licences eg drivers licence, WorkCover licences, blue card etc

| Year Obtained | Expiry Date | Qualification | Institution |
|---------------|-------------|---------------|-------------|
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Please provide details of any other **training or professional development courses** you have completed that are relevant to this position.

| Name of Course | Training Organisation | Year Completed |
|----------------|-----------------------|----------------|
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Part F – Professional Memberships

Please provide details of any professional membership that you currently hold.

| Details |
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Part G - References and Referees

Please provide details of at least three (3) referees who may be contacted to verify your work history. Your referees should be people who have supervised your work. In submitting this application, you are providing authority for Council to contact your referees.

| Name of Employer | Contact Person | Position held/ relationship to applicant | Telephone Number | email address |
|--------------------------------|------------------|---|------------------|-----------------------------------|
| <i>Example- Rural Supplies</i> | <i>Joe Blogs</i> | <i>Manager Recreation - Direct Supervisor</i> | <i>4993 4100</i> | <i>Joe.bloggs@ruralsup.net.au</i> |
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Please use this space to add any further comments you believe may be relevant to your application:

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Part H – Applicant declaration

I understand and agree that:

If any information given by me in this application is found to be false, or if I am found to have deliberately misrepresented or omitted any relevant information, Council may refuse to employ me, or if I am already employed may terminate my employment immediately and without notice or payment in lieu of notice.

I am required to produce, before commencing duties, original qualifications or transcripts. Verification of these documents may be undertaken by Council with my written consent.

It is Council policy that recruitment is based on Equal Employment Opportunity. The information provided in this form will be used throughout the recruitment process for this particular position and may be disclosed to other employees or delegates involved in recruitment for this position.

Signature

Date

..... **Office Use Only**

| | |
|--|--|
| Date Application Recieved: | Signed: |
| Name of Applicant: | <input type="checkbox"/> Resume |
| Address of applicant: | <input type="checkbox"/> Job Application |
| | <input type="checkbox"/> Referees |
| | <input type="checkbox"/> Selection Criteria (if applicable) |
| | <input type="checkbox"/> Cover Letter |