

1. Position Details

Position Title:	Facility/Location:
Type:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Temporary <input type="checkbox"/> Any <input type="checkbox"/> Traineeship

2. Personal Details

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Date of Birth (Optional):
Surname:	Given Name(s):
Postal Address:	
Mobile Phone:	Home Phone: Work Phone:
Email Address:	
Current Driver's Licence(s) Held:	Expiry: (DD/MM/YY) Do you expect it to remain valid for the foreseeable future? <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Citizenship/Demographic

What is your country of birth?	
Is English your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No First Language: _____
Are you of Aboriginal/Torres Strait Island descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an Australian Citizen?	<input type="checkbox"/> Yes (go to section 4) <input type="checkbox"/> No
If "NO" where do you hold citizenship?	
If "NO" do you have permanent Australian residency status?	<input type="checkbox"/> Yes (go to section 4) <input type="checkbox"/> No
Please provide details of your visa (Note: You will be asked to provide a copy of your visa)	<input type="checkbox"/> Holiday <input type="checkbox"/> Student <input type="checkbox"/> 457 <input type="checkbox"/> Other _____
	Expiry Date: Visa Number:
Does your visa place any work restrictions on you?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details/Restriction: _____

4. Education and Qualification (if relevant/ required, a copy of the qualification must be submitted prior to commencement)

Highest level of education completed:			
Qualification/Degree	Institution	Graduation Date	Expiry Date

5. Employment History

Employment History (Start with your current or most recent employment OR attach current resume)				
Start Date	End Date	Company Name	Position	Reason for Leaving

6. Referees

Please provide details of **two** work referees who have recently supervised you and who can provide information relevant to the type of role for which you have applied. By completing this section, you are giving permission for the City of Karratha to contact these referees to provide information relevant to your application.

Referee Name, Position, Organisation	Working Relationship with You	Telephone Contact Details Ph: Mob:
		Email Contact Details
Referee Name, Position, Organisation	Working Relationship with You	Telephone Contact Details Ph: Mob:
		Email Contact Details

7. Health

Important Notice

Please note that under Section 79 of the Workers' Compensation and Rehabilitation Act, wilful and false representation regarding a previous disability may preclude the payment of future compensation.

Given the role for which you have applied, and having read/heard the Position Description, are there any physical or psychological concerns that could stop you from doing the job safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please explain		
Are you taking regular medication, prescribed or otherwise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please explain		

Health Continued...

Do you wear glasses or contact lenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please give details (ie: reading, long distance, etc.)		
Are you colour blind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had an industrial accident or disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please explain		

Please tick (✓) in the box beside any condition(s) that you have now or have had at any time in your life.

<input type="checkbox"/> Alcohol or Drug problems	<input type="checkbox"/> Allergies	<input type="checkbox"/> Arthritis/Rheumatism	<input type="checkbox"/> Bleeding/blood disorders
<input type="checkbox"/> Carpal Tunnel Syndrome	<input type="checkbox"/> Depression/anxiety	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Hernia	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Immune suppression	<input type="checkbox"/> Joint problems/fractures
<input type="checkbox"/> Loss of hearing	<input type="checkbox"/> Psychological disorders	<input type="checkbox"/> Persistent headaches/migraines	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Visual impairments	<input type="checkbox"/> Skin disorders/dermatitis	<input type="checkbox"/> Transmissible disease (ie: Hep B)	<input type="checkbox"/> Repetitive strain/overuse injury

Please comment on all those you have ticked above

Please tick (✓) in the box beside each activity with which you have difficulty.

<input type="checkbox"/> Walking 100 metres	<input type="checkbox"/> Standing for two hours	<input type="checkbox"/> Gripping firmly with both hands	<input type="checkbox"/> Hearing a normal conversation
<input type="checkbox"/> Crouching	<input type="checkbox"/> Climbing a ladder	<input type="checkbox"/> Lifting or bending	<input type="checkbox"/> Using hand tools
<input type="checkbox"/> Walking on rough ground	<input type="checkbox"/> Repetitive movement of the hands or arms	<input type="checkbox"/> Kneeling	<input type="checkbox"/> Sitting for two hours

Please comment on all those you have ticked above

Have you had any exposure to the following in your past jobs?

Loud noise/explosives/gunfire	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please explain – When and where?		
Traumatic work event	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please explain – When and where?		
Any other illness/conditions not listed above or on the previous page?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please explain		

8. Worker's Compensation Claims

A previous Workers' Compensation claim is **not** a barrier to the consideration of an application for employment. This information assists us to provide a duty of care, not to aggravate an existing injury.

Have you ever made a claim for Workers' Compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please give details: Dates:	Is claim closed?	
Type of Injury:	Duration of Worker's Comp	

9. Police Clearance Certificate

Employment is subject to a satisfactory National Police Clearance Certificate issued no more than 6 months ago.

A Criminal record does **not** necessarily disqualify an applicant. We only consider information related to the job for which you are applying. If rejection of your application is considered solely because of a criminal record, you will be given the opportunity to discuss the matter fully and confidentially with a senior member of staff before a decision is made.

Do you have any convictions for any offences from any court or are you currently the subject of any charge pending before any court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prepared to produce a National Police Clearance Certificate within a month of accepting an offer of employment with the City of Karratha?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Working with Children Check

Applicants applying for roles involving working with children are required to provide a recent Working with Children Check. This includes but is not limited to the following positions: (Lifeguards, Swim Teachers, Aquatic Duty Managers, Crèche Coordinator, Crèche Assistant, Program Assistant, Recreation Facilities Coordinator and Library Officer).

I attach a current Working with Children Check and agree to maintain a current Working With Children Check while employed with the City of Karratha	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A for my role
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11. Market Research

How did you hear about this role?	<input type="checkbox"/> KarrathaLocalJobs	<input type="checkbox"/> Pilbara News	<input type="checkbox"/> The West Australian
	<input type="checkbox"/> Seek.com.au	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> City of Karratha website
	<input type="checkbox"/> Other: _____		

12. Declaration

I declare that the statements I have made and the information I have given are true to the best of my knowledge and belief. I have not withheld any relevant information required by this application, or made any false or misleading representation. I acknowledge that if I have knowingly or wilfully given false or misleading information or have withheld any information, it could result in 1) rejection of my application; 2) legal proceedings against me; or 3) dismissal after appointment.

I understand that appointment to the City of Karratha is conditional upon production of proof of identity, proof of residency status, and a current satisfactory National Police Clearance.

Full Name: _____ Date: _____

Thank you for taking the time to complete this application.