**General Employment Application**

Please complete this application form to register your interest in a position with Burke Shire Council. Your application will be maintained on file for six months, after which time you are encouraged to resubmit an updated application.

**For your application to be considered, you *must* submit:**

* ***This application form, completed and signed***
* ***A copy of your current resume***

**Optional:**

* Copy of any relevant licences, tickets or visas

**Please Submit Your Application:**

**By Post:** The Chief Executive Officer

Burke Shire Council

PO Box 90

Burketown QLD 4830

**In Person:** Burke Shire Council Administration Office

Lot 65, Musgrave Street

Burketown QLD 4830

**Email:** hr@burke.qld.gov.au

**Fax:** (07) 4745 5181

**Position applied for**

**(or area of interest):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Given Name/s:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your citizenship status: (Tick one)**

Australian Citizen: **🞏** Permanent Resident: **🞏** Working Holiday Visa: **🞏**

Other: **🞏** Details, if ‘Other’: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any physical, mental, emotional or health condition that may affect your health and safety in the workplace? (Tick one)**

No: **🞏** Yes: **🞏** Details, if ‘Yes’: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you previously worked for the Burke Shire Council?** No: **🞏** Yes: **🞏**

**Do you identify with any of the following?** Aboriginal **🞏** Torres Strait Islander **🞏** Both **🞏**

**Is English your primary language?** Yes **🞏** No **🞏**  Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How well do you speak English?** Very Well **🞏** Well **🞏** Not Well **🞏** Not at all **🞏**

**Education and Qualifications:**

|  |  |  |
| --- | --- | --- |
| **Level/Qualification Completed** | **Institution** | **Year** |
|  |  |  |
|  |  |  |
|  |  |  |

**Licences/Tickets of Competency:**

Please indicate which of the following licences and/or tickets of competency you currently possess and maintain.

|  |  |  |  |
| --- | --- | --- | --- |
| **Licence** | **Yes** | **Licence** | **Yes** |
| Working with children card (blue card) |  | Backhoe |  |
| Manual Car/Class C |  | Roller |  |
| Automatic Car / Class C |  | Excavator |  |
| LR – Light Rigid |  | Forklift |  |
| MR – Medium Rigid |  | Loader |  |
| HR – Heavy Rigid |  | Skid Steer Loader |  |
| HC – Heavy Combination |  | Dozer |  |
| MC – Multi Combination |  | Grader |  |
| Elevated Work Platform |  | MUTCD (Road Signage) |  |
| Confined Space |  | Traffic Control |  |
| Electrical Safety Observer |  | Commercial Operators Weed Control  |  |
| Working Near Electrical Power Lines |  | Electrician |  |
| Chainsaw Level 1 or Level 2 |  | Carpentry & Joinery |  |
| Electrical Test and Tag |  | Laser Alignment |  |
| First Aid/CPR |  | Gas Installer |  |
| AC/DC Chemicals |  | Fire Management |  |
| Hazardous Substances |  | Plumber |  |
| Dangerous Goods |  | Others: |
| Construction Induction (White Card) |  |

**Referees:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Company** | **Contact Phone No.** |
|  |  |  |
|  |  |  |
|  |  |  |

**Privacy Consent:**

I acknowledge and consent to my personal information being used by Burke Shire Council (BSC) to consider my suitability for other positions with BSC and I consent to this information being provided to BSC's management personnel for this purpose. For this purpose, I acknowledge and consent to my personal information being retained by BSC.

I understand that, subject to any agreed or lawful exceptions, I have a right to access my personal information held by BSC, by contacting BSC and that I have a right to correct any incorrect information held by BSC about me.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**