

SHIRE OF KONDININ

EMPLOYMENT APPLICATION FORM

CONFIDENTIAL



*Please attach a copy of current resume.

POSITION:

SURNAME:

GIVEN NAME/S:

ADDRESS:

TELEPHONE:

WORK:

DATE OF BIRTH:

DRIVER'S LICENCE INFORMATION: NUMBER

CLASS

BLUE CARD NO:

QUALIFICATIONS: Please list any technical training, professional qualifications and/or special skills training:

PROFESSIONAL AFFILIATIONS:

REFERENCES: Please provide names/addresses and telephone numbers of two referees who have supervised your work and whom we may contact.

DATE ABLE TO COMMENCE EMPLOYMENT: