# McKinlay Shire Council General Employment Application

Telephone: (07) 4746 7166 Address: 29 Burke Street, Julia Creek, QLD 4823 Postal Address: PO Box 177, Julia Creek, QLD 4823



www.mckinlay.qld.gov.au

## Part A – Applicant Details

Surname:								
First Name(s):								
Title:	Mr Mrs Miss Ms Other							
Gender:	Male Female							
DOB (optional):	/ /							
	Street:							
	Town/City:							
Home Address:	State: P	ostcode:						
	Country (if not Australia):							
Postal Address: [if different]								
E-mail Address:								
Talanhana	Home:	Mobile:						
Telephone:	Work:	Fax:						
What is the best method of contacting you?	Home Work Mobile Email							
Are you an Australian Yes No								
Citizen?	If no, do you have a working visa? Yes No							
Have you previously been	employed by McKinlay Shire Coun	cil Yes No						
If yes, what was your Position Title	Start Date / / End Date / /							

### Part B – Areas of Interest

Please indicate the type of work you are interested in:-								
Administration	Tourism / Library	HACC						
Plant Operator	Labourer	Sports and Recreation						
Parks and Gardens	Cleaning	Other						

Part C – Qualifications, Education and Employment History	
Do you have a General Safety Induction Construction Industry White Card?	Yes No
If yes, A copy of your card must be attached to this application	

If you are able to attach a copy of your resume to your application that details the information requested below you do not need to complete this section. Please go to Part D.

Please list all secondary education, tertiary and vocational qualifications achieved. Please attach a copy of all certificates.							
Qualification GainedPlace of StudyDate Completed							

Please provide details of your employment history to date, starting with your most recent position.						
Position held:	from	/	/	to	/	/
Employers name and address:						
Key duties performed						
Reason for leaving						

Position held:			from	/	/	to	/	/	
Employers name and address:									
Key duties performed									
Reason for leaving									

Position held:					from	/	/	to	/	/	/
Employers name and address:											
Key duties performed											
Reason for leaving											

# Licences and Tickets

Please attach a copy of all licences and tickets listed below							
Licence / Ticket Name Licence / Ticket Number Expiry Da							

### **Other skills and Experience**

Please detail other skills you possess that have been gained through experience

### Part D – Referee Details

Please provide the details of two work related referees below				
Name				
Company				
Contact Details				
Relationship to you (e.g. Supervisor, Manager)				

Name	
Company	
Contact Details	
Relationship to you (e.g. Supervisor, Manager)	
(e.g. Supervisor, Manager)	

# Part E - Applicant Declaration

I certify that the information I have provided is true and correct						
Signature		Date				

The information collected in this form will be used by Council for lawful purposes directly related to the functions and activities of the Council. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including *the Right to Information Act 2009*). The information collected may be retained as required by the *Public Records Act 2002*.