Plant Operator Application Form

PLEASE ATTACH THIS FORM TO THE FRONT OF YOUR APPLICATION

	POSITIO	ON DETAILS		
Position Advertised:	Plant Operator			
Location:	☐ Administration ☐ Plan	ning and Develo	pment 🗹 Wor	ks
		NAL DETAILS		
Surname:			Title: ☐ Mr	□ Mrs □Ms □Miss
Given Names:			Date of Birth	:
Address:				
Suburb:			Postcode:	
Daytime Contact No:		Email:		
Nationality:		Are you a pern you been gran		nt of Australia, or have t residence?
		☐ Yes ☐ No If no, please attach o	copy of a Visa valida	ting permission to work in Australia
Do you hold a current unr	estricted Western Australia	an Motor Vehicle	e Driver's Licer	nce: 🗆 Yes 🗆 No
	EMPLOYN	MENT HISTORY		
☐ Refer to attached CV /	Resume for complete deta	ails (please tick	if attached)	
Period of Employment	Name of Employer	Position	n Held	Reason for Leaving
	FMPI OYMF	NT REFERENCES	S	
Please provide details of	at least two contactable w			
	ree 1)	ork-related reje	(Refer	99 2)
Name:	ice 1/	Name:	(Meren	56 2)
Position Held:		Position Held:		
Company:		Company:		
Contact No:		Contact No:		
How soon would you be	able to commence work?	How did you fi facebook, new		the position (i.e.

	EDUCATION / TRA	ADE DETAILS
☐ Refer to att	ached CV / Resume for complete details (please tick if attached)
	attained (e.g. Year 10, 11, 12, TAFE, Univer	-
Year	Name of School / Institution	Certificate / Qualification Obtained
Current Studie	a haina undantakan	
	s being undertaken	Details
Year	Name of School / Institution	Details
Other Qualifica	ations / Training (e.g. Trade details, Certifi	icates / Licences held. or other relevant
information):	,	•
•		
	SUPPLEMENTARY DETAILS – H	EALTH / MEDICAL ISSUES
Do you conside	er your overall health to be: 🗆 Excellent 🏾	□ Good □ Average □ Fair
Are there any	reasons you may be unable to fulfil the re	quirements of this position? ☐ No ☐ Yes
Please provide	details:	
•	ntly receiving or have you made a claim fo	r and received Workers Compensation or
Insurance bene	efits for any reason? ☐ No ☐ Yes	
Diana mandala	detelle /e Vermetinium Communication	dead for Desired of times off words
riease provide	e details (e.g. Year of injury, Company wor	кеа јог, Регіоа ој тіте ојј жогкј:
		_
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	SUPPLEMENTARY DETA	II.S CONVICTIONS
Have you ever		rt or are you currently the subject of any charges
•	-	t has been declared spend under the <i>Spent</i>
	t 1988). \square No \square Yes	The second control opens when the spent
2000.0113740		
Please provide	e details:	
	-	
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A criminal record is not a barrier to the consideration of an application for employment. Applicants who have a record of conviction are invited to discuss its relevance or otherwise to the position being applied for.

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- 1. I certify that the information contained in this application is to the best of my knowledge and belief, accurate, and current in every detail, with no impending issues or claims apparent that may affect consideration of this application or the requirements of any position for which I am applying.
- 2. I understand that Council reserves the right to verify all information on this application and that any false or misleading statement will be considered sufficient cause for the application to be rejected, or for immediate dismissal if appointed. Originals of supporting documents must be made available at interview including National police Clearance, Motor Vehicle Licences and Tertiary Qualifications where applicable.
- 3. I understand that Council's recruitment and selection procedure involves a pre-employment medical examination by a Council approved medical centre, at Council's expense, and that original results of this examination are required to be disclosed to this organisation prior to commencement date.

Signature of Applicant:	Date:	

PLANT OPERATOR APPLICATION CHECKLIST

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☐ Application Form
□ Resume
☐ Copies (not originals) of supporting documentation
☐ Application has been photocopied for personal reference