



Goondiwindi Regional Council

Application for Employment

LMB 7
 INGLEWOOD QLD 4387
 Telephone: 07 4652 1444
 Fax: 07 4652 1512
 Email: mail@goondiwindirc.qld.gov.au

This application for employment form **MUST** be completed when applying for any/all positions within Goondiwindi Regional Council.

PART A – Vacancy Details						
Position Title:						
Job Ref. No:		Closing Date:				
PART B - Applicant Details						
Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other
Surname:						
First Name:						
Address:						
State:				Post Code:		
Mobile:				Home Phone:		
Email Address:						
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date Of Birth:				
PART C - Employment Types you are interested in:						
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary/Casual	<input type="checkbox"/> Traineeship			
PART D - Employment Location you are interested in:						
<input type="checkbox"/> Goondiwindi	<input type="checkbox"/> Inglewood	<input type="checkbox"/> Texas				
PART E - Areas of employment you are interested in:						
<input type="checkbox"/> Administration	<input type="checkbox"/> Construction/Maintenance	<input type="checkbox"/> Information Technology				
<input type="checkbox"/> Labourer	<input type="checkbox"/> Library	<input type="checkbox"/> Parks & Gardens				
<input type="checkbox"/> Plant Operator	<input type="checkbox"/> Water & Sewerage	<input type="checkbox"/> Workshop				
PART F- Education and Employment History						
Please provide details of highest educational (secondary/tertiary) standard achieved:						
Place of Study:						
Course Name:						
Date Completed:						
Please provide details of certificates relevant to the position you are applying for:-						
Certificate:				Date Completed:		
Licence:				Valid to:		

Construction Induction (Blue) Card No. (Council requirement for all outdoor positions)		Valid to:	
Qualification/Plant Tickets:		Date Completed:	
Please provide details of your two (2) most recent positions, starting with your most recent position.			
Position held:		From: / /	To: / /
Employer's Name & Address:			
Key Duties Performed:			
Reason for leaving:			
Position held:		From: / /	To: / /
Employer's Name & Address:			
Key Duties Performed:			
Reason for leaving:			
Referee Details – Please ensure all details are current			
1. Name of Referee:			
Position:			
Organisation:			
Address:			
Work Phone No:			
Mobile Phone No.			
2. Name of Referee:			
Position:			
Organisation:			
Address:			
Work Phone No.			
Mobile Phone No.			

I hereby declare that information supplied by me in relation to this application is to the best of my knowledge true and accurate, and that I have not knowingly withheld information. I understand that if I give false information, the Goondiwindi Regional Council may disregard my application or terminate my employment.

Applicants Signature: _____ Dated: _____