



# CROYDON SHIRE COUNCIL

## GENERAL EMPLOYMENT APPLICATION

PO Box 17  
Croydon Qld 4871  
[admin@croydon.qld.gov.au](mailto:admin@croydon.qld.gov.au)

Ph (07) 4748 7100  
Fax (07) 4745 6147  
[www.croydon.qld.gov.au](http://www.croydon.qld.gov.au)

Please complete all sections of this form, indicating N/A where not relevant. Details will be held for three (3) months.

Submission of a General Application does not qualify the applicant for any advertised vacant positions. A separate application is required.

If you have any questions please call the Administration Office on the above number.

### Part A – Applicant Details

Title: Mr  Mrs  Miss  Ms  Other

First Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Mobile \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

DOB (Optional) \_\_\_\_\_ Male  Female

If you are not an Australian Citizen, please provide the following information:

Type of Visa \_\_\_\_\_ Expiry Date \_\_\_\_\_

Visa No. \_\_\_\_\_ Work Eligibility Yes  No

Have you previously been employed by Croydon Shire Council Yes  No

If yes, Position Title \_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part B – Areas of Interest**

Please indicate the type of work you are interested in:-

- Administration
- Tourism/Heritage
- Plant Operator
- Labourer
- Childcare
- After School Care/Vacation Care
- Gardening
- Cleaning
- Other (please list) \_\_\_\_\_

**Part C – Qualifications, Education and Employment History**

**Do you have a General Safety Induction Construction Industry White Card?**

Yes  No **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 list all secondary education, tertiary and vocational qualifications achieved.  
Please attach a copy of all certificates.**

Qualification Gained	Place of Study	Date 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 \_\_\_\_\_

**Please attach a copy of all licences and tickets listed below.**

Licence/Ticket Name	Licence/Ticket Number	Expiry Date

**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) \_\_\_\_\_

## 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*.