



## Job Application Form

Shire of Halls Creek, PO Box 21, 7 Thomas St Halls Creek WA 6770

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Phone: 08 9168 6007 Fax: 08 9168 6235

POSITION APPLIED FOR: \_\_\_\_\_

### PERSONAL DETAILS:

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers Licence No: \_\_\_\_\_ Class: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

### Current Qualifications:

Qualification Title	Institution/Training Provider	Year Completed

### Previous Employment (most recent first)

Employer	Dates	Position Held	Office Check

### References

Name	Contact Number	Relationship	Office Check

### Declaration

I declare that this information provided on this form and given in my application, including my employment history is true and correct and that any academic and/or professional qualifications submitted are genuine. I understand that giving false or misleading information may result in prosecution, fines and/or termination of employment

Sign: \_\_\_\_\_

Date: \_\_\_\_\_