

Employment Application

Mansfield Shire Council is an equal opportunity employer, appointing on merit, and provides a smoke free work environment.

About the form

This is a multipurpose form

- Section 1 gives us information about you and the job you are applying for.
- Section 2 gives information that helps us improve our Equal Employment Opportunity Programs.

Section 1

Position Applying For			
Position			
Personal Details			
Title	Mr □ Mrs □ Ms □ Miss □ Other □		
Gender	Male Female Other Other		
Family Name			
Given Name(s)			
Preferred Name	(if applicable)		
Home Address			
Postal Address	(if different to above)		
Telephone (Mobile)			
Email			
Current Employment			
Employer			
Position			
Status	Full Time □ Part Time □ Permanent □ Temporary □		
Salary			
Previous Employment			
Employer			
Position			
Status	Full Time □ Part Time □ Permanent □ Temporary □		
Employer			
Position			
Status	Full Time □ Part Time □ Permanent □ Temporary □		

Referees

You are required to provide names and contact details for a minimum of two Work Referees who can testify to your skills, experience, qualifications, and aptitude in relation to the position you have applied for.

Name	Organisation	Telephone and/or Email

Requirements for Appointment

You can only be appointed to Mansfield Shire Council VIC if you:

- Are an Australian Citizen or have the status of a permanent resident in Australia
- ▶ Have given us proof of identity and any other documents such as Certificated and Licenses required
- Pass a prescribed health assessment if requested.

Please answer the following questions:

Is there any medical reason that would prevent you from undertaking the physical requirement of the position?	Yes □	No □
Do you have any previous or pending Workers Compensation Claims?	Yes □	No □
Do you have any outstanding charges against your Drivers License that would cause it to be disqualifies either now or in the future?	Yes □	No □

Any statement on your application found to be deliberately misleading could make you liable to dismissal if appointed.

Access to the personal information provided is limited to use by Council employees and other authorised persons. This information is protected under the Privacy and Personal Information Protection Act, 1998.			
Signature		Date	

Check List

Ensure you have completed and attached the following documents.

- Application Form
- Resume or CV
- Attached Copies of Certificates / Diploma's / Degrees / Transcripts of Academic Record / Other Training Documents
- Attached the Essential and Desirable Criteria from the Position Description individually addressed

Section 2

Equal Employment Opportunity

You do not have to fill in this page. Any information you give us will be kept strictly confidential. The information will only be used for statistical purposes and will not be available to the selection panel.

We need statistical information about the people who apply for jobs and gain employment with Mansfield Shire Council. This information allows us to improve our Equal Employment Opportunity (EEO) programs.

or all

The questions are designed Public Sector EEO reporting the control of the control		al Oppo	rtunity in Public Employment. They form the basis for
Q1: Are you Aboriginal o	or Torres Strait Islander?		
	trait Islander is a person of Aboriginal community in which she or he lives.	or Torre	es Strait Island descent, who identifies as such, and is
If you are both Aboriginal	and Torres Strait Islander, please mai	rk both '	Yes' boxes.
☐ Yes, Aboriginal	☐ Yes, Torres Strait Island	er	□ No
Q2: Are you from a racia	al, ethnic or ethno-religious group w	vhich is	a minority in Australian society?
You should answer 'Yes'	to this question if you are from a mino	rity beca	ause of any of the following:
Your language backgr	round or accent	•	Your ethnic or racial appearance
Your religion or culture	e	•	Your country of birth or descent
□ Yes □ No			
Q3: What language did y	you speak as a child?		
☐ English ☐ Othe	er		
Q4: Are you a person wi	ith a disability?		
You should answer 'Yes;	to this question if you have any one or	r more d	f the limitations or restrictions listed below:
a long term medical co	ondition or ailment	•	blackouts, fits or loss of consciousness
speech difficulties in y	our native language	•	restriction in physical activities or in physical work
disfigurement or defor	mity	•	incomplete use of any part of your body
a psychiatric condition	1	•	slowness at learning or understanding
head injury, stroke or a	any other brain damage	•	any other condition resulting in a restriction
loss of sight or hearing	g		
□ No □ Yes - If yes ,	do you require adjustments to be n	nade at	work?
You should answer 'yes' t	to this question if your disability would	make it	necessary to change any of the following:
the tasks of the job		•	your working hours
the equipment you use	е	•	how others behave towards you
the workplace or work	area	•	other:
□ No □ Yes			