



Job Application Form

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

Email: hcshire@hcshire.wa.gov.au

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: _____