

CASUAL APPLICATION

SEEKING CASUAL EMPLOYMENT APPLICATION FORM



PLEASE COMPLETE AND FORWARD TO: Manager Engineering Services.
 WARREN SHIRE COUNCIL, P.O. Box 6, WARREN NSW 2824
 Email: council@warren.nsw.gov.au; Ph: (02)68476 600;
 Fax: (02)68476 633

This form is to be used to express an interest in casual employment opportunities at the Warren Shire Council

APPLICANT DETAILS (PLEASE USE BLOCK CAPITALS)

Title:..... Family name:..... Given names *(in full)*:.....
 Home/postal address:
 Town:..... State:..... Postcode:.....
 Residential status *(eg Australian citizen/resident or attach a copy of your visa details)*:.....
 Home phone:..... Mobile phone:.....
 Email address:.....

Educational qualifications
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Relevant skills <i>(eg general labourer, truck driver, plant operator, mechanic, etc.)</i>
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Have you previously worked at the Council? If yes, please list referees	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Resumé (CV) attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
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TYPE OF EMPLOYMENT REQUIRED

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Hours available	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time:..... hours per week
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Available date
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AUTHORISATION (SIGNATURE REQUIRED)

I certify the above information is true and accurate to the best of my knowledge.

Applicant's signature: Date:

Applications will be kept on file for six months from the date of receipt