



Port Augusta City Council

Important notice for applicants

Please take time to read this form and attach it to your application.

Thank you for your interest in the advertised position and your interest in working for the Port Augusta City Council.

Making an application for this position will require you to consent to the collection, use, storage and destruction of personal information including details of any referees. The information will allow us to select the best possible applicant for the vacant position.

The procedure for storage of personal information, in relation to recruitment and selection documentation, is for all documents at all times to be kept under lock and key.

At the end of the recruitment process, all unsuccessful applicants' documentation will be confidentially stored for 6 months, after which it will be confidentially destroyed as being no longer required for the purpose of recruitment purposes.

Please do not send original documents with your application as all unsuccessful applicant documentation, not returned to the applicant, will be destroyed.

Successful applicant details become employment related information and will be referred to the successful applicant's personnel file.

By signing and returning this form with your application you acknowledge that Council has made you aware of our identification, the purpose for the collection, the method of storage, the time period of retention of that documentation, and its destruction.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____/_____/_____

JOB APPLICATION COVER SHEET

POSITION ADVERTISED

Position applied for

PERSONAL DETAILS

Title Ms Mrs Miss Mr Other

Sex Female Male

Family name

Given name(s)

Preferred name
(if it applies)

Home address

Postcode

Postal address

Postcode

E-mail address

Phone Work () Home ()

Mobile

CURRENT EMPLOYMENT – OPTIONAL

Employer

Position

Status Full-time Part-time Permanent
 Temporary

REQUIREMENTS FOR EMPLOYMENT

- Must be medically fit to perform tasks outlined in the Position Description.

SIGNATURE

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

Signature

Date

WORK HISTORY

Employed by:		
Position:		
Date of Employment	From:	To:
Reason for Leaving:		
Employed by:		
Position:		
Date of Employment	From:	To:
Reason for Leaving:		
Employed by:		
Position:		
Date of Employment	From:	To:
Reason for Leaving:		

REFEREES

Name:			
Company:			
Position:			
Telephone Number:			
Name:			
Company:			
Position:			
Telephone Number:			
Name:			
Company:			
Position:			
Telephone Number:			

The statement made by me is, to the best of my knowledge, true and correct.
I authorise the Port Augusta City Council to verify my statement by contacting referees as required.

SIGNATURE: _____

DATE: _____/_____/_____