

EMPLOYMENT APPLICATION



This Job Application Form must be completed when applying for any/all positions within Wide Bay Water Corporation.

PART A - VACANCY DETAILS					
Position Title:				Closing Date:	
PART B – APPLICANT DETAILS					
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Other:
Surname:					
Given Names:					
Contact Address:			Post Code:		
Phone Numbers:	Home:	Work:	Mobile:		
Email Address:					
Have you completed and attached the following to your application?					
Resume <input type="checkbox"/>					
Response to Selection Criteria <input type="checkbox"/>					
Covering Letter <input type="checkbox"/>					
How did you first become aware of this vacancy?					
<input type="checkbox"/> Seek <input type="checkbox"/> Chronicle <input type="checkbox"/> Courier Mail <input type="checkbox"/> Local Government Directory <input type="checkbox"/> Other _____					
Wide Bay Water strives for equal opportunity and diversity in employment. In order to continually improve and develop a work environment and employment conditions that are equitable, we would encourage you to assist us in this process by responding to the following questions. Please tick the appropriate box (s).					
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Disability: <input type="checkbox"/>			
Aboriginal or Torres Strait Islander: <input type="checkbox"/>		Culturally Diverse: <input type="checkbox"/>			
The following declarations are NOT a barrier to being considered for employment but will assist us to take due care in assessing appropriate placement should you be the successful applicant.					
To the best of your knowledge, do you have a medical condition that will preclude you from undertaking the duties of the position you have applied for?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a disability or injury likely to affect your work performance or which could recur or be aggravated by the type of work for which you are applying?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Some positions have staff immunisation requirements. Would you be able to participate in our immunisation program should it be required?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
I declare that all the above statements and attached supporting information are true in all respects. I acknowledge that any statement which is found to be false or deliberately misleading will make me, if employed, liable for dismissal.					
I agree to the above: <input type="checkbox"/> (Please note ticking the box when emailing application is equivalent to a signature)					
Signature: _____					