CANDIDATE APPLICATION FORM

Review: 01/2024

1. Candidate Details and Employment Declaration

Position applying for:	
Candidate Name:	
Address:	
Email:	
Phone Number:	

2. Nominated Referees

Referee 01	
Name:	
Position:	
Phone:	
Email:	

Referee 02	
Name:	
Position:	
Phone:	
Email:	

3. Questionnaire

3.1	Are you an Australian citizen?	☐ Yes		☐ No	
3.2	If not an Australian citizen, have you been granted permanent residency?	☐ Yes		☐ No	
3.3	Are you legally permitted to work in Australia? *Please provide details below*.*	☐ Yes		☐ No	

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Evidence of working rights should be sent with the application.

3.4   To the best of your knowledge and belief do you have a
medical condition, disability or injury which may preclude
you from undertaking duties of the position you are
applying for?   ☐ Yes   ☐ No

*Applicants who have a health condition, disability or injury are invited to discuss its relevance or
otherwise with the Shire. It is not a barrier to consideration of an application for employment;
however, if it is likely to affect your work performance or could recur or be aggravated by the type of
work for which you are applying, you must disclose this information.*

4. Acknowledgement

Please tick to indicate your acknowledgement.

☐   I understand the Shire of Exmouth (Shire) reserves the right to verify all information
contained in this application. Any false information may be sufficient cause for my rejection
of an applicant or dismissal if employed.

☐   I understand that should I succeed in the application process, my employment is subject to
a medical examination by a doctor nominated by the Shire and a National Police
Clearance. I authorise disclosure of the results of these documents to the Shire.

☐   I consent to any referee checks which may be necessary to support this application.

Print Name of Applicant   Signature of Applicant   Date