

## People who know Local Government

# Application for Temporary Employment – Works Staff



Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Mob Ph: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Citizenship Status: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Job seeker number (if applicable): \_\_\_\_\_

If not an Australian Citizen, do you have a Work Visa? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Please provide evidence – copy of Visa, etc)

Visa Type: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you have a current New South Wales driver's licence? Yes \_\_\_\_\_ No \_\_\_\_\_

Class: \_\_\_\_\_ License No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Current Points: \_\_\_\_\_

What is your means of transport to work? \_\_\_\_\_

Position/s Applied For: \_\_\_\_\_

Have you previously been employed in Local Government? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" which Councils? \_\_\_\_\_  
(Provide further details in employment history)

When would you be able to start work? \_\_\_\_\_

### Educational Details

Highest level of education gained \_\_\_\_\_

Trade qualifications, special courses etc. \_\_\_\_\_

Do you have any other skills or experience which you feel should be brought to our attention? (E.g. operating particular machinery, word processing/computer software)  
\_\_\_\_\_  
\_\_\_\_\_

Computer Skills: (please state level of competency) Typing speed wpm \_\_\_\_\_

Word \_\_\_\_\_ Excel \_\_\_\_\_ PowerPoint \_\_\_\_\_

Please list any other computer software previously used in Local Government: \_\_\_\_\_

Neptune Corporation Pty Ltd  
ABN 66 095 981 098

Suite 1, Level 4,

507 Kent Street

Sydney NSW 2000

Tel. (02) 9264 6008

Fax (02) 9264 6007

Email: nsw@logoapp.com.au

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What Certificates/ Licenses do you currently hold? (Please tick)

Chainsaw Operator

OH&S Construction Card

Forklift

First Aid

Backhoe

OHS Training

Front-End Loader

Grader

Traffic Control

Other \_\_\_\_\_

### Health

The provision of information of any pre-existing/existing illnesses or injuries that may impact on your ability to undertake certain tasks is important in assessing your ability to fulfill the inherent requirements of a particular job, where a vacancy is available. For this reason, it is important that you are honest in your answers so that we can consider your application and position vacancies that are suitable for you.

If you have any questions, you may ask them at any stage of the registration process.

Please indicate whether you have suffered or currently suffer from any of the following conditions, illnesses or injuries

Please tick 'Yes' or 'No' to indicate whether or not you have suffered, or are currently suffering from any of the following:

Type of Injury/Illness	Please Tick Yes or No		Please state details of the nature, cause, date and duration of any injury or illness
Hearing Loss/Impairment	Yes	No	
Shoulder/Back/Neck/ Injury	Yes	No	
Ankle/Knee injury	Yes	No	
Wrist/Elbow injury	Yes	No	
Ear, Nose or Throat	Yes	No	
Repetitive Strain Injury (RSI)	Yes	No	
Heart or Blood Pressure	Yes	No	
Alcohol or Drug Addiction	Yes	No	
Eyesight deficiency	Yes	No	
Stomach Pain or Ulcers	Yes	No	
Dizziness/Blackouts	Yes	No	
Mental Illness/Nervous Disorder	Yes	No	
Allergies/Asthma	Yes	No	
Skin Disorders / Dermatitis / Eczema	Yes	No	
Epilepsy	Yes	No	
Hernia	Yes	No	
Any other Injuries, Illnesses, or Conditions	Yes	No	

## **People who know Local Government**

Are you under any medical treatment, or do you need any ongoing treatment or medication Yes No

If yes, please give details: \_\_\_\_\_

If you have indicated that you have suffered a physical injury that might affect your ability to fulfill the inherent requirements of a particular job, have you ever received Workers Compensation for such injury? Yes No

If yes, for what period of time and for which injury did you received Workers Compensation for?

We will use this information to assess the extent of your injury and to potentially place you in a job where that injury will not impact on the inherent requirements of the position. Yes No

If required, do you consent to having a medical examination to determine your capacity to safely perform tasks required by the Councils and for the results to be disclosed to Local Government Appointments and your Host Employer?

Yes No

### **Emergency Contact**

In case of a workplace emergency/accident during an assignment with Local Government Appointments please provide details of next of kin:

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number/s \_\_\_\_\_ Relationship \_\_\_\_\_

### **Criminal Convictions**

Have you ever been convicted of any criminal offence in any court or are you currently the subject of a charge pending before any criminal court? Yes No

If 'Yes', please give details: \_\_\_\_\_

**Please Note:** A criminal conviction may not be a barrier to employment. Applicants who have a record of conviction are invited to discuss their situation with the interviewer.

### **Referees**

Please provide details of 2 people who can be approached for a reference. These should include your present and most recent employer. (Please do not include friends or relatives.)

Name \_\_\_\_\_ Position \_\_\_\_\_ Company \_\_\_\_\_

Ph No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Company \_\_\_\_\_

Ph No. \_\_\_\_\_ Email Address: \_\_\_\_\_

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## Declaration

I, \_\_\_\_\_ wish to register my interest to seek employment through Local Government Appointments and in doing so agree to and acknowledge the following:

1. I am an Australian Resident and/or hold a Visa permitting me to work. *Please complete 2 if Visa holder.*
2. Passport Number \_\_\_\_\_ Work Permit Number \_\_\_\_\_
3. I understand that while as an employee of Local Government Appointments, introduced by resume, temporary assignment or interview, any offer of temporary or permanent work from the Host Employer will be directed to the agency. Should I be offered further work it is important that I direct the Host Employer's request to a Local Government Appointments Consultant as soon as possible.
4. I consent for Local Government Appointments to disclose my name and employment details to prospective employers and those who may be seeking workers; it being noted that in future cases, verbal permission will be sought in order to forward these details to prospective employers.
5. I consent for Local Government Appointments to contact my referees in order to verify information provided by me for employment and work performance and disclose these details to prospective employers.
6. I consent for Local Government Appointments to verify information provided by me for employment screening purposes and to conduct enquiries as may be necessary, at the Company's discretion.
7. I hereby declare that I am not receiving any payment/treatment associated with any existing workers' compensation claim.
8. I consent to Local Government Appointments contacting me on the phone numbers provided by me on weekdays before 9.00am or after 8.30pm; on Saturdays before 9.00am or after 5.00pm; and any time on Sundays or a nationally recognised public holiday; for the purpose of presenting me with information on potential employment and work opportunities and any purpose that may be ancillary to the provision of such employment and recruitment services.
9. I hereby declare that the information contained in this application is true and correct and understand that any misrepresentation of facts in my application could be cause for termination of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_