

PLEASE COMPLETE AND FORWARD TO: Warren Shire Council
 PO Box 6 Warren NSW 2824
 Email: council@warren.nsw.gov.au
 Phone: (02) 6847 6600
 Fax: (02) 6847 6633

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*):

Educational qualifications
Relevant skills (<i>eg general labourer, truck driver, plant operator, mechanic, etc.</i>)
Have you previously worked at the Council?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referees
Resumé (CV) attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

TYPE OF EMPLOYMENT REQUIRED

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Hours available Full-time Part-time hours per week

Available date:

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