



Mine Assistance Application Form

West Coast Council seeks to employ and promote the person best suited for the position. Initial employment will be based purely on the merit principal, i.e. the best person for the job irrespective of race, colour, sex and sexual preference, age, physical or mental disability, marital status, family extraction or social origin.

Applicant details

Last Name _____ Given Names _____ Gender _____

Address _____

Post Code _____ Date of Birth _____

Phone (Home) _____ Mobile _____

Current employment

(Include casual or temporary employment and work experience)

Name of employer	
Period of employment	
Position held	
Duties / responsibilities	

Licences

Type of Licence	Expiry Date

Training

Have you attended any training courses or been given "on the job" training in any specific areas?

E.g. First Aid (level), Backhoe, Fork Lift

Yes No

Year	Training

Qualifications

Do you have any Tertiary or Trade qualifications?

Yes No

Year	Qualification

Workplace Health and Safety

Are you prepared to comply with all instruction and wear personal protective equipment provided by the employer in respect to matters relating to Work Place Health and Safety?

Yes No

Are you aware of any injury, illness or condition that you have had or suffered from in the past that could affect your ability to perform any of the duties required of the position?

Yes No

If yes provide details

Availability

Please list the days and hours you are available to work

Day	Available	Hours	Day	Available	Hours
Monday	Yes <input type="checkbox"/> No <input type="checkbox"/>		Tuesday	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wednesday	Yes <input type="checkbox"/> No <input type="checkbox"/>		Thursday	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Friday	Yes <input type="checkbox"/> No <input type="checkbox"/>		Saturday	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sunday	Yes <input type="checkbox"/> No <input type="checkbox"/>				

I certify that the particulars and information provided in this application are correct to the best of my knowledge and I am aware that if this application is successful, any false or inaccurate statements made or information withheld may result in the immediate termination of my employment or the imposition of sanctions or penalties prescribed by law.

Signed: _____

Date: _____