

# EXPRESSION OF INTEREST



## Part A – Applicant Details

|  |                                 |
|--|---------------------------------|
| <b>Surname:</b>  |                                 |
| <b>First Name(s):</b>  |                                 |
| <b>Title:</b>  | Mr / Mrs / Miss / Ms / Other    |
| <b>Gender:</b>   | Male / Female                   |
| <b>Date of Birth:</b>  |                                 |
| <b>Residential Address:</b>  |                                 |
| <b>Postal Address:</b><br><i>(if different to residential)</i>   |                                 |
| <b>Email Address:</b>  |                                 |
| <b>Telephone:</b>  | Home<br>Work<br>Mobile          |
| <b>What is the best method of contacting you?</b>  | Home<br>Work<br>Mobile<br>Email |
| <b>Are you an Australian Citizen?</b><br><i>If no, please provide details of your Working Visa</i>   | Yes / No                        |
| <b>Have you previously been employed by Central Darling Shire Council?</b><br><i>If yes, please provide us with the following details:</i><br><i>Position:</i><br><i>Start Date:</i><br><i>End Date:</i> |                                 |

**Telephone:** (08) 8083 8900  
**Address:** 21 Reid Street, Wilcannia, NSW 2836  
**Postal Address:** PO Box 165, Wilcannia NSW 2836

TRIM Reference : GD23/5104

## Part B – Qualifications, Education and Employment History

|  |          |
|--|----------|
| <p><b>Do you have a NSW General Safety Induction Construction Industry White Card?</b><br/><i>If yes, please attach a copy to this form.</i></p> | Yes / No |
| <p><b>Do you have a Working with Children's Check</b></p>  | Yes / No |

If you are able to attach a copy of your Resume to this document that details the information requested below, you do not need to complete the following section – please go to Part C.

| <p>Please list all secondary education, tertiary and vocational qualifications achieved. Please attach a copy of all certificates and qualifications.</p> |                |                |
|---|----------------|----------------|
| Study / Trade Gained  | Place of Study | Date Completed |
|   |                |                |
|   |                |                |
|   |                |                |

Please provide details of your employment history to date, starting with your most recent position:

|                             |  |
|-----------------------------|--|
| <b>Position Held</b>        |  |
| <b>Employer's Name</b>      |  |
| <b>Key duties performed</b> |  |

|                             |  |
|-----------------------------|--|
| <b>Position Held</b>        |  |
| <b>Employer's Name</b>      |  |
| <b>Key duties performed</b> |  |

|                             |  |
|-----------------------------|--|
| <b>Position Held</b>        |  |
| <b>Employer's Name</b>      |  |
| <b>Key duties performed</b> |  |

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## Licences and Tickets

| Licence / Ticket Name | Licence / Ticket Number | Expiry Date |
|-----------------------|-------------------------|-------------|
|                       |                         |             |
|                       |                         |             |
|                       |                         |             |
|                       |                         |             |
|                       |                         |             |

## Other Skills and Experience

|  |
|--|
| Please detail other skills you possess that have been gained through experience: |
|  |
|  |
|  |
|  |

## Part C – Referee Details

Please provide details of two referees below:

|                            |  |
|----------------------------|--|
| <b>Name:</b>               |  |
| <b>Position Held:</b>      |  |
| <b>Company / Business:</b> |  |
| <b>Contact Details</b>     |  |

|                            |  |
|----------------------------|--|
| <b>Name:</b>               |  |
| <b>Position Held:</b>      |  |
| <b>Company / Business:</b> |  |
| <b>Contact Details</b>     |  |

All potential employees must be willing to undertake a pre-employment medical, which includes functional capacity as well as drug and alcohol assessment, prior to being employed by the Central Darling Shire Council.

Having a medical condition does not automatically exclude you from joining Central Darling Shire Council. Considerations will be given to the medical condition prior to a final decision being made.

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I hereby declare that information supplied by me in relation to this expression of interest is to be best of my knowledge true and accurate, and that I have not knowingly withheld information. I understand that if I provide false information, the Central Darling Shire Council may disregard my application or terminate my employment.

## Part D – Applicant Declaration

I certified that the information I have provide is true and correct, and I am willing to undertake a pre-employment medical check where required.

Signature:

Date:

Please submit your Expression of Interest via email to [hr@centraldarling.nsw.gov.au](mailto:hr@centraldarling.nsw.gov.au)

The information collected in this form will be used by Council for lawful purposes directly related to the functions and activities of the Council. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including the *Government Information (Public Access) Act*. The information collected may be retained as required by the Act

**Please note:** All Expressions of Interest for Employment are kept in our electronic corporate management system for a period of twelve (12) months.

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