

## Job Application Form – Gardener (Casual)

People and Culture



**Enquiries:** 1300 790 919

**Address:** PO Box 2292, YEPPOON QLD 4703

www.livingstone.qld.gov.au

**PRIVACY NOTICE:** Livingstone Shire Council is collecting the personal information you supply on this form for the purposes outlined in the Job Application Collection Notice which is a part of the Application Kit. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

**Please complete this Form ensuring that you answer ALL questions and attach it to your resume.**

Position Applying For:	Gardener – Casual (reference #3569)	
Surname:		
First Name[s]:		
Preferred Name:		
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____	
Home Address:	<b>Street:</b>	
	<b>Town/City:</b>	
	<b>State:</b>	<b>Postcode:</b>
	<b>Country (if not Australia):</b>	
Postal Address: [if different]		
Email Address:		
Contact Telephone:	<b>Home:</b>	<b>Work:</b>
	<b>Mobile:</b>	
What is the best method of contacting you?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Email	
How did you find out about this position:	<input type="checkbox"/> The Morning Bulletin	<input type="checkbox"/> Council's Internet website
	<input type="checkbox"/> The LG Job Directory	<input type="checkbox"/> Facebook
	<input type="checkbox"/> Seek	<input type="checkbox"/> Word of Mouth
	<input type="checkbox"/> Other [please specify]	
Are you an Australian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>If no, do you have a working visa?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a current LSC Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been previously employed with Local Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Which Council have you previously worked for?</b> _____	

<b>Employment Details</b>
<b>Most Recent Employer:</b>
<b>Employment Dates:</b>
<b>Role/Duties:</b>
<b>Reason for Leaving:</b>
<b>Previous Employer:</b>
<b>Employment Dates:</b>
<b>Role/Duties:</b>
<b>Reason for Leaving:</b>
<b>Previous Employer:</b>
<b>Employment Dates:</b>
<b>Role/Duties:</b>
<b>Reason for Leaving:</b>
<b>Previous Employer:</b>
<b>Employment Dates:</b>
<b>Role/Duties:</b>
<b>Reason for Leaving:</b>

**SC1: Please tick to indicate you possess the following mandatory tickets / licences / qualifications:**

- Construction Industry Induction (White Card);
- Currently hold **OR** have the ability to successfully obtain Implement Traffic Management Plan (formerly Traffic Management Level 2);
- Currently hold **OR** have the ability to obtain Commercial Operator's Licence (AC/DC chemical licence); and
- Current 'MR' class motor vehicle drivers licence. If higher class, please indicate: \_\_\_\_\_

**SC 2: Please outline your knowledge of servicing and basic maintenance of small plant.**

**SC 3: Please outline your knowledge of manual handling techniques including chemical storage and safe work practices.**

**SC 4: Please outline your knowledge of pruning techniques and your experience in using cutting and pruning equipment.**

**SC 5: Please outline the Workplace, Health and Safety practices that you believe would be relevant to this position.**

**SC6: Please outline your experience working as a part of a team to accomplish a goal.**

**Please advise of any other certificates/tickets you may have:**

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Excavator                             | <input type="checkbox"/> Backhoe |
| <input type="checkbox"/> Skid Steer                            | <input type="checkbox"/> Roller  |
| <input type="checkbox"/> Front End Loader                      | <input type="checkbox"/> Grader  |
| <input type="checkbox"/> Working at Heights                    |                                  |
| <input type="checkbox"/> First Aid                             |                                  |
| <input type="checkbox"/> Confined Spaces / breathing apparatus |                                  |
| <input type="checkbox"/> Other _____                           |                                  |
| _____  |                                  |
| _____  |                                  |

**Do you have the ability to work without direct supervision?**

**Yes**

**No**

**Referees (must be previous employers):**

Name:

Name:

Organisation:

Organisation:

Contact Details:

Contact Details:

**Do you acknowledge and agree to the collection and disclosure of your personal information, as outlined in the "Job Application Collection Notice", which is a part of the Application kit?**

Yes

No

**PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED WITHOUT YOUR CONSENT**