

Locked Bag 8821 Wollongong NSW 2500 Tel (02) 4227 7111 Fax (02) 4226 9834 TTY (02) 4227 6389

POSITION ADVERTISED

Position applied for _____

Recruitment number _____

Please note: A separate application form must be completed for each position.

The completed application form must reach the address shown below no later than the advertised closing date for this position. It is recommended that you refer to the Wollongong City Council 'Guidelines for Employment Applications' prior to completing this form. This document is available from the Human Resources and Industrial Relations Division of Wollongong City Council, or through the Employment pages on our website at www.wollongong.nsw.gov.au/YourCouncil/Employment/Position.aspx

PART A - APPLICANT

Mr/Mrs/Miss/Ms/Dr _____
(Surname) (Given Names)

Address _____
(Number) (Street) Postcode _____
(Suburb)

E-mail Address _____

Phone (Business) _____ Phone (Home) _____ Phone (Mobile) _____

Driver's Licence _____

ADDRESS APPLICATIONS TO

Envelopes to be addressed to
"Job Application – Private and Confidential"
Manager Human Resources
Wollongong City Council
Locked Bag 8821
Wollongong NSW 2500
Telephone (02) 4227 7111

Delivered to Human Resources
Level 8, Council Administration Building
41 Burelli Street, Wollongong

Facsimile (02) 4226 9834
E-mail Address
jobs@wollongong.nsw.gov.au

PLEASE INDICATE HOW YOU BECAME AWARE OF THIS VACANCY

- | | | |
|--|--|--|
| <input type="checkbox"/> Notice Board | <input type="checkbox"/> Sydney Morning Herald | <input type="checkbox"/> Pay Packet |
| <input type="checkbox"/> Wollongong Advertiser | <input type="checkbox"/> Illawarra Mercury | <input type="checkbox"/> Friend/Family |
| <input type="checkbox"/> The Australian | <input type="checkbox"/> Internet _____ | <input type="checkbox"/> Other _____ |

PRIVACY NOTIFICATION FORM

The information supplied on this form is for employment related uses only and will not be used for any other purposes. Non successful applications are kept for approximately six months only and then disposed of using security procedures. The personal information that Council collects from you on this form is personal information for the purposes of Privacy and Personal Information Protection Act 1998 ("the Act"). The intended recipients of the personal information are officers within Council. Council is to be regarded as the agency that holds the information. Enquiries concerning this matter can be addressed to Council on telephone 4227 7111.

PART D - EDUCATION

Please provide details of Tertiary or Secondary education you have completed or are currently undertaking. Start with the most recent.

Year Commenced	Year Completed/Qualifications/Stage Reached	Institution/Studies Undertaken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER RELEVANT TRAINING

Name of Course	Training Authority	Year Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Information relating to education training and/or qualifications received must be supported by copies of results.

PART E - REFERENCES AND REFEREES

Please provide details of employers who may be contacted in regard to your employment history.

Name of Referee	Organisation Name	Position	Telephone Number
1 _____	_____	_____	() _____
2 _____	_____	_____	() _____
3 _____	_____	_____	() _____

APPLICANT'S AUTHORITY

I certify that the information I have submitted is both true and correct and I acknowledge that any statements made by me which are found to be deliberately misleading may result in my dismissal if employed by Council.

Signature of Applicant _____ Date _____

All applications will be acknowledged in writing.

EQUAL EMPLOYMENT OPPORTUNITY STATISTICS

The information requested within this section is optional and has no influence on the outcome of your application. It will be treated as strictly confidential and used for statistical purposes only. By completing this section you will assist Wollongong City Council in ensuring that Equal Employment Opportunities are available to the community.

- Female Non English Speaking Background Aboriginal/Torres Strait Islander
 Male Disability (please specify) _____

FOR FURTHER INFORMATION PLEASE CONTACT HUMAN RESOURCES DIVISION TELEPHONE (02) 4227 7072