



CENTRAL LAND COUNCIL APPLICATION FOR EMPLOYMENT

Address:
27 Stuart Highway
Alice Springs NT 0870

Postal Address:
P O Box 3321
Alice Springs NT 0871

Human Resources Section
Phone: 08 8951 6321
Fax: 08 8958 2805

Internet: www.clc.org.au
Email: jobs@clc.org.au

To assist Recruitment in processing your application, please complete this form and attach it to the front of your application. Personal information provided to the Central Land Council (CLC) is protected by the *Privacy Act 1988*. The Department collects your personal information for management and recruitment purposes as required by the *Public Service (Commonwealth) Act 1999*. The CLC will not disclose the information without your consent except where authorised or required by law. Non-identifying information may be used for statistical purposes.

Vacancy Details

Position No.			
Position Title:			
Classification:			
Closing Date			
How did you find out about this position?	CLC Website <input type="checkbox"/>	CLC Intranet <input type="checkbox"/>	Other <input type="checkbox"/>
	Newspaper <input type="checkbox"/>	Which one?	

Personal and Contact Details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Dr	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other
Last Name						
First Name			Preferred First Name			
Postal Address						
Contact Details	Home		Mobile			
	Work		Fax			
	Email					
If you are selected for interview, how do you prefer to be contacted?						
Drivers Licence	Yes <input type="checkbox"/>		No <input type="checkbox"/>	Number:		

Employment Eligibility for Applicants who were not born in Australia

Are you an Australian Citizen? ☐ Yes ☐ No
If no, are you a Permanent Resident of Australia? ☐ Yes ☐ No
(Please attach a copy of your visa and evidence verifying your eligibility to work in Australia)
Are you subject to any immigration conditions? ☐ Yes ☐ No
If Yes, please attach all relevant information to this form.
Failure to disclose information regarding citizenship and employment eligibility status will result in rejection of your application.

Occupational Health and Safety

Do you have any medical/physical condition/s, or workers compensation claims, that may impact on your capacity to carry out the required duties as outlined in the position description for the job you are applying for?

Yes ☐ No ☐ If Yes, please provide details:

Employment Status

Have you been employed by the Central Land Council previously?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details:		

Australian Public Service or Associated Employment

Have you worked for another Government employer previously?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide details:	Commonwealth Authority <input type="checkbox"/>	
Other associated employer <input type="checkbox"/>	State / Territory / Local Government <input type="checkbox"/>	
Name/s of Employer/s and Date/s of Service:		
Upon commencing at CLC, will you be claiming recognition of prior service for Long Service Leave?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you received a redundancy benefit from an APS or Commonwealth employer in the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Current Employment

APS or Commonwealth Authority <input type="checkbox"/>	State/Territory/Local Government <input type="checkbox"/>	Private Sector Employer <input type="checkbox"/>
Self Employed or Consultant <input type="checkbox"/>	Not currently employed <input type="checkbox"/>	Other <input type="checkbox"/>
Name of Current Employer:		
Job Title:		Salary / Level:
Supervisor's Name and Job Title:		

Referees (one Referee should be your current Supervisor)

Referee No. 1	Name	
	Title and Working relationship	
	Contact phone number	
	Contact email address	
Referee No. 2	Name	
	Title and Working relationship	
	Contact phone number	
	Contact email address	
Referee No. 3	Name	
	Title and Working relationship	
	Contact phone number	
	Contact email address	
<i>Please note that Referees may be contacted at any stage after applications close</i>		

Other Information

Please provide details of any times and/or dates you are unavailable for further contact and/or interview	
Please provide details if you require any equipment and/or assistance at interview	
To avoid any potential conflict of interest in appointing an independent interview panel, please advise if you have any association with, or connection to, current members of Staff or Councillors. <i>(This information is confidential and will only be used to select an independent interview panel.)</i>	

Except if the position is an "Identified Indigenous Position", the following is optional information which is used for statistical purposes only

Are you an Aboriginal or Torres Strait Islander person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you from a culturally diverse background?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a person with a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please provide additional comments here if required (or attach additional comments on a separate sheet)

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Application Requirements - Once you complete this form, please submit it with the following attachments:

Statement of Claims against each Selection Criteria	
Resume or Curriculum Vitae including:	
- Full employment details (including dates, position held and duties undertaken)	
- Relevant Education Qualifications **	
- Relevant Training and Development Courses / Programs undertaken or being undertaken	
<i>Qualifications: If you have listed any formal qualification/s, please note you may be required to provide the original qualification/s at any time during the selection process.</i>	

I hereby declare that all information supplied by me in this form is true and that I have not wilfully suppressed any material fact. I also agree that if any false declaration is made by me, my Contract of Service may be terminated forthwith without notice.

I hereby grant the Central Land Council permission to contact previous employers and referees to verify past employment, quality of work or appraise my character and reputation. I further grant the Central Land Council permission to undergo a Criminal History Check, if required, in relation to the position I am applying for.

I understand the employment with the Central Land Council will be conditional upon being legally entitled to work in Australia and having no significant medical condition or criminal record that will unduly impact on my capacity to undertake the duties of the position I am applying for.

Signature:	Date:
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