



Diamantina Shire Council
Expression of Interest Application

PERSONAL INFORMATION

Name:		Phone:	
Current Employment:		Do you have Work Rights:	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Email:			
Address:			

QUALIFICATIONS / TICKETS

Plant Competencies:	<input type="checkbox"/> Grader (Competency)	<input type="checkbox"/> Loader (Competency)	<input type="checkbox"/> Roller (Competency)	<input type="checkbox"/> Scraper (Competency)	
	<input type="checkbox"/> Excavator (Competency)	<input type="checkbox"/> Stabiliser (Competency)	<input type="checkbox"/> Prime Mover (Competency)	<input type="checkbox"/> Skid Steer (Competency)	
	Other:				
Licenses:	<input type="checkbox"/> Drivers Class:	<input type="checkbox"/> Traffic Controller	<input type="checkbox"/> High Risk LF	<input type="checkbox"/> Blue Card (Working with Children)	
	Other:				
Trades:	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Building	<input type="checkbox"/> Mechanic
Certificates:	<input type="checkbox"/> Civil Construction (Cert III)	<input type="checkbox"/> Horticulture (Cert III)	<input type="checkbox"/> Business Admin (Cert III)	<input type="checkbox"/> Diesel Mechanics (Cert III)	<input type="checkbox"/> Implement Traffic Plan
	<input type="checkbox"/> White Card Construction	<input type="checkbox"/> Work Safely at Heights	<input type="checkbox"/> Enter & Work in Confined Spaces	<input type="checkbox"/> Other:	
Degree:					

SKILLS & EXPERIENCE

<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Microsoft Outlook	<input type="checkbox"/> MS Project	<input type="checkbox"/> MS Visio
<input type="checkbox"/> SynergySoft	<input type="checkbox"/> Adobe	<input type="checkbox"/> AutoCAD	<input type="checkbox"/> ADL Forms	<input type="checkbox"/> Magiq Docs
<input type="checkbox"/> Residential Tenancies Management	<input type="checkbox"/> Records Management	<input type="checkbox"/> Cat and Dog Management	<input type="checkbox"/> Landscaping /Gardening	<input type="checkbox"/> Human Resources
<input type="checkbox"/> Finance	<input type="checkbox"/> Fleet Management	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> WH&S
<input type="checkbox"/> Procurement	<input type="checkbox"/> Stores/Warehouse	<input type="checkbox"/> Childcare	<input type="checkbox"/> Tourism	<input type="checkbox"/> Supervisory
<input type="checkbox"/> First Aid/CPR	Other:			

HOUSING - Do you require accommodation?

Type:	<input type="checkbox"/> HOUSE / <input type="checkbox"/> UNIT	No. of Bedrooms:		Furnished:	<input type="checkbox"/> YES / <input type="checkbox"/> NO
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RESUME

Please attach resume with two current referees when submitting this form.