

APPLICATION



Australian Government
Indigenous Land Corporation

Shearing
and
wool-handling



CONTACT DETAILS

First name:		Last Name:	
Address:			
Town / Suburb:		State:	Post code:
Home phone:	Mobile:	Work phone:	
Email:		Drivers' License Class:	

PERSONAL DETAILS

<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth: ___/___/___
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other	Dependants: _____ _____	Are you: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander

PREVIOUS EMPLOYERS	Position	From	To
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___

EDUCATION AND TRAINING	Name of school/college	Level obtained	Date completed
High school			___/___/___
Uni /college			___/___/___
TAFE / other			___/___/___

WORK RELATED SKILLS (e.g. welding, fencing, horse riding, cooking, etc)

TO BE COMPLETED BY APPLICANT

HOBBIES & INTERESTS

Why are you interested in working in the shearing/wool industry?

Is there anything that might limit your ability to perform the duties of the position (injuries, medical conditions, allergies or levels of fitness)?

REFEREES

Name:	Phone:
Name:	Phone:
Name:	Phone:

SIGNED:

DATE:

___/___/___

Please complete and return to Jenni Champion:
Postal address: Indigenous Land Corporation GPO Box 5212, Brisbane Qld 4001
Email: jenni.champion@ilc.gov.au
Fax: (07) 3854 4666
For more information: freecall 1800 818 490