

# Trainee Job Application



This Job Application Form **MUST** be completed when applying for a trainee position within Gold Coast City Council.

PART A – VACANCY DETAILS						
Position Title:						
Job Ref. No:		Closing Date:				
PART B – APPLICANT DETAILS						
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Other
Surname:						
First Name:						
Address:					Suburb:	
State:		Post Code:		Country:		
Mobile:		Home Phone:				
Work Phone:		Email Address:				
DOB:		<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Citizenship:						
If you are not an Australian citizen, please provide the following information;						
Type of Visa :		Expiry Date:				
Visa no:		Work Eligibility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
PART C – COMPULSARY TRAINEE REQUIREMENTS						
To be eligible for a traineeship you <b>MUST</b> identify as one of the following categories:						
Priority Population Group	Definition		Evidence			
<input type="checkbox"/> Youth aged between 15 and 24 years of age	An individual who is between 15 to 24 years of age at time of commencement of a Traineeship.		Date of Birth.			
<input type="checkbox"/> Aboriginal & Torres Strait Islander People	Must be identified as, and be accepted by the community in which you live as being of Aboriginal or Torres Strait Islander descent.		It is important to remember that <b>ONLY</b> Aboriginal people can determine who is Aboriginal and who is not.  Self-identification by the individual.			
<input type="checkbox"/> People from a Non English Speaking Background	People from culturally and linguistically diverse communities who have migrated to Australia including migrants, refugees and humanitarian entrant.		Self-identification by the individual.			
<input type="checkbox"/> People with a Disability	'Disability', in relation to an individual, is a condition that: <ol style="list-style-type: none"> <li>Is attributable to medical, psychiatric, sensory, physical, cognitive and/or learning impairment; and</li> <li>Can reasonably be expected to be present for the duration of the Apprenticeship/Traineeship; and</li> <li>Impacts on the person's ability to undertake training and work in the chosen Apprentice/traineeship; and</li> <li>Would result in the person requiring additional training and/or work-related support services and/or modifications.</li> </ol>		An independent assessment and verification of the criteria a) to d) by a qualified third party such as: <ul style="list-style-type: none"> <li>- Doctor (GP)</li> <li>- Occupational Therapist</li> <li>- Psychiatrist</li> <li>- Psychologist; and/or</li> <li>- Suitably qualified professional</li> </ul>			
PART D – ADVERTISING SOURCE						
How did you become aware of this vacancy?						
<input type="checkbox"/> GCCC Website	<input type="checkbox"/> Intranet	<input type="checkbox"/> Employee referral	<input type="checkbox"/> Other (please specify)			

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### PART E – KEY SELECTION CRITERIA

When responding to the selection criteria, identify the key points in the criteria and outline how you meet the criteria. Give practical examples of how you meet each criterion, for example, previous work experience, voluntary work, tertiary or school-based projects, training courses or qualifications. Where a criterion relates to a specific qualification, license or certificate, please attach copies of the relevant documents to your application.

**Key Selection Criteria 1:**

**Key Selection Criteria 2:**

**Key Selection Criteria 3:**

**Key Selection Criteria 4:**

**Key Selection Criteria 5:**

**Key Selection Criteria 6:**

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### PART F – EDUCATION AND EMPLOYMENT HISTORY

If you are able to attach a copy of your resume/curriculum vitae to your application, you do not need to complete this section. Please go straight to Part G.

Please provide details of highest educational (secondary/tertiary) standard achieved:

Place of Study:  
Course Name:  
Date Completed:

Place of Study:  
Course Name:  
Date Completed:

Please provide details of licenses, certificates or qualifications relevant to the position you are applying for:

Certificate: Date completed:

Licence: Valid to:

Qualification: Date completed:

Please provide details of your employment history to date, starting with your most recent position:

Position held: From: To:

Employer's Name &  
Address:

Key Duties  
Performed:

Reason for Leaving:

Position held: From: To:

Employer's Name &  
Address:

Key Duties  
Performed:

Reason for Leaving:

Position held: From: To:

Employer's Name &  
Address:

Key Duties  
Performed:

Reason for Leaving:

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### PART G – REFEREE DETAILS

Please provide the details of two work related referees below:

Name:	
Company:	
Contact details:	
Relationship to you: e.g. Supervisor, Manager	
Name:	
Company:	
Contact details:	
Relationship to you: e.g. Supervisor, Manager	

### PART H – APPLICANT DECLARATION

I certify that the information I have provided is true and correct.

Name:

Date: