

**APPLICATION FOR EMPLOYMENT AS AN INTERIM MANAGER**

**APPLICANT INFORMATION**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Surname Given Name (s) dd/mm/yyyy

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State Postcode

Phone: \_\_\_\_\_  
Home / Business Mobile

Email \_\_\_\_\_ Date Available: \_\_\_\_\_

Are you a citizen of Australia? YES  NO  If no, do you have a Work Visa? YES  NO

Have you previously worked in Local Government YES  NO

If "Yes" which Councils (Provide further details in employment history)

\_\_\_\_\_

\_\_\_\_\_

Do you have a current driver's licence? YES  NO

\_\_\_\_\_

Class	Licence Number	Expiry Date	Current Points

**AREAS OF INTEREST**

Please nominate the role(s) you have most interest in as an interim manager:

- General Manager/CEO
- Engineering Services
- Human Resources Management
- Financial Management
- Information Technology
- Land Use Planning
- Health and Building
- Community Planning
- Other

Do you have any preferences regarding location?

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Would you be prepared to work in a country or other location away from your usual residence?

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### EMPLOYMENT HISTORY

Please include positions in chronological order from the most recent going back to around 2000

POSITION TITLE	EMPLOYER	DURATION OF EMPLOYMENT	
		FROM	To

### QUALIFICATION, EDUCATION AND TRAINING

Originals of results (transcripts) and/or qualifications will need to be provided on request

QUALIFICATION (AWARD GRANTED)	TERTIARY INSTITUTE	DATE OF AWARD

**Other skills, training, education or experience of relevance**

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**STATEMENT OF HEALTH**

**Are you currently receiving any medical treatment?** (Please circle as appropriate) Yes/No

If yes please provide details

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***Have you suffered, or are currently suffering from any of the following:***

Chest pain or heart trouble	Yes/No	Epilepsy, paralysis or dizziness	Yes/No
High blood pressure, stroke or circulatory disorder	Yes/No	Lyme disease, Epstein-Barr or chronic fatigue syndrome	Yes/No
Cancer or tumors	Yes/No	Mental or nervous disorder	Yes/No
Anemia, leukemia or other blood disorders	Yes/No	Epilepsy, paralysis or dizziness	Yes/No
Diabetes	Yes/No	Arthritis, carpal tunnel, or any muscle weakness	Yes/No
Asthma, tuberculosis, pneumonia, or other lung disease	Yes/No	Kidney or urinary tract disorder	Yes/No
Ulcers, stomach or liver	Yes/No	Thyroid or gland disorder	Yes/No
Colitis, Crohn's or any intestinal disorder	Yes/No	Back, neck or spinal disorder	Yes/No

Other (Specify) \_\_\_\_\_  
\_\_\_\_\_

Please state whether or not your health condition prevents you from carrying out any particular duty in the work place:

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## WORKERS COMPENSATION

Have you ever been on Worker's Compensation?

Yes/No

*Please state the nature and time period of any Worker's Compensation Injury*

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## REFEREES

*Please provide details of three (3) people who can be approached for a reference. One person must be your most recent employer. Please do not include friends or relatives as referees.*

### REFEREE 1

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Would you like to be notified before we contact this referee? **Yes / No**

### REFEREE 2

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Would you like to be notified before we contact this referee? **Yes / No**

### REFEREE 3

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Would you like to be notified before we contact this referee? **Yes / No**

## NEXT OF KIN

Person to contact in case of an emergency

Full Name: \_\_\_\_\_  
*Surname* *Given Name (s)*

Address: \_\_\_\_\_  
*Street & Street Number* *Town / City* *State* *Postcode*

Relationship: \_\_\_\_\_  
*Home Phone* *Mobile Phone*

## AUTHORISATION

1. *I authorise Blackadder Associates Pty Ltd to disclose my name and employment details to prospective employers and those who may be seeking an Interim Manager.*
2. *I authorise Blackadder Associates Pty Ltd to contact my referees in order to verify information provided by me for employment and work performance and disclose these details to prospective employers.*
3. *I authorise Blackadder Associates Pty Ltd to verify information provided by me for employment screening purposes and to conduct enquiries as may be necessary, at the Company's discretion.*
4. *I hereby declare that I am not receiving any payment/treatment associated with any existing workers' compensation claim.*
5. *I understand that while engaged in an interim Management role any offer or temporary or permanent work by the employing Council will be directed to Blackadder Associates Pty Ltd as soon as possible.*
6. *I hereby declare that the information contained in this application is true and correct and understand that any misrepresentation of facts in my application could be cause for termination of employment.*
7. *I understand that Blackadder Associates Pty Ltd to will negotiate with the client Council on the role and responsibilities, remuneration and conditions of employment, in consultation with me.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_