

COBAR SHIRE COUNCIL

APPLICATION FOR EMPLOYMENT

(Must be completed in full to be eligible for appointment)

POSITION APPLIED FOR: RMS/Finance/Customer Service Officer Permanent

NAME: _____

ADDRESS: _____

CONTACT NUMBER: _____

DRIVERS LICENCE: YES/NO CLASS _____

EDUCATIONAL QUALIFICATIONS.

Please attach a full copy of academic transcripts for any recent senior school studies and/or University/College studies completed or currently being undertaken.

Please provide a summary of your educational background.

(A) SECONDARY EDUCATION

<i>YEARS</i>	<i>NAME OF SCHOOL</i>	<i>CERTIFICATE AWARDED</i>

(B) TERTIARY EDUCATION

<i>YEARS</i>	<i>NAME OF INSTITUTION</i>	<i>DEGREE/DIPLOMA/ CERTIFICATE AWARDED</i>

(C) OTHER QUALIFICATIONS

Please attach a copy of certificates or statements for membership of any professional associations, short and/or non-accredited courses which you have completed and are relevant to the position for which you are applying.

Please provide a summary of these other qualifications.

<i>DATES</i>	<i>SUBJECT/COURSE</i>	<i>ORGANISATION CONDUCTING COURSE</i>	<i>CERTIFICATE AWARDED</i>

(D) PROFESSIONAL ASSOCIATIONS

<i>NAME OF PROFESSIONAL BODY</i>	<i>GRADE OF MEMBERSHIP</i>	<i>DATE OF APPOINTMENT</i>

PREVIOUS EMPLOYMENT.

Please provide a summary of your full employment background.

<i>EMPLOYER</i>	<i>POSITION</i>	<i>PERIOD HELD</i>	<i>MAIN DUTIES & RESPONSIBILITIES</i>
1)			
2)			
3)			
4)			

REFEREES.

Please list names and contact numbers of three (3) referees.

SELECTION CRITERIA.

The position for which you have applied for requires qualifications and/or experience which are considered essential and desirable in performing the duties of this position.

Please address all elements of the essential and desirable criteria as fully as possible.

IMPORTANT: To be eligible for this position, all applicants must satisfy all elements of the Essential Criteria and address the Desirable Criteria as listed below. Applicants who do not satisfy the essential criteria, or do not complete this application form will not be considered for this position.

ESSENTIAL CRITERIA:

- Extensive working experience in a finance and/or administration environment.
- Knowledge of accounting principles and bookkeeping procedures.
- Ability to work as part of a team.
- Well-developed communication skills.
- Ability to handle information with discretion and confidentiality.
- Ability to set and achieve targets.
- Able to liaise effectively with creditors, debtors and the general public
- Sound knowledge of computer applications.
- Knowledge of and commitment to EEO and work health and safety practices.
- Experience in RMS Agency operations or willingness to travel to obtain training.
- Class C Drivers Licence.

DESIRABLE CRITERIA

- Demonstrated experience in accounts receivable and accounts payable.
- Tertiary qualifications in finance/business or equivalent.
- Experience in RMS or similar government agency role.
- Demonstrated experience in a demanding Customer Service role.

- Knowledge of Privacy and Personal Information Protection Act.
- Sound knowledge of Local Government Act and/or previous experience in a local government environment.
- Ability to work effectively with minimal supervision.
- Diploma or higher qualification in finance and bookkeeping.

I certify that all answers and statements on this application form and any attachments thereto are true and complete to the best of my knowledge.

I consent to employment screening checks being conducted.

I also consent to the verification of memberships or other status that I claim to hold with professional bodies.

I certify that all medical particulars will be provided to Council by way of a pre-employment medical should my application be successful.

I understand that should I provide untruthful or misleading information, this application may be rejected or my employment with the Cobar Shire Council subsequently terminated.

Signed: _____ Date: _____

Please place in a sealed envelope marked “Confidential – RMS/Finance/Customer Service Officer” and forward your application to:

The General Manager
Cobar Shire Council
PO Box 223
COBAR NSW 2835

Telephone: (02) 6836 5888
Facsimile: (02) 6836 5889
Email: mail@cobar.nsw.gov.au

Web: www.cobar.nsw.gov.au