



CHARTERS TOWERS REGIONAL COUNCIL

Exceptional Service for an Exceptional Community

Work History (starting with most recent position)
Your Position Title:
Organisation:
Period worked:/...../..... to/...../.....
Key responsibilities or duties:
1.
2.
3.
4.
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2.

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Work Related Referees

Note: By providing names below you are giving Charters Towers Regional Council permission to make contact with these people to verify your employment history as part of this selection process

Name:

Position Held:

Phone Number:

Organisation:

Name:

Position Held:

Phone Number

Organisation:

Additional Information

Certification of Accuracy: - I hereby certify that the details I have provided in this application are accurate and understand that deliberately falsifying information may result in the termination of employment if I am successful in my application.

Name of Applicant

Signature of Applicant Date/...../.....