

The Council of The Shire of Bourke

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Please address all communications to the General Manager

BOURKE SHIRE COUNCIL

EMPLOYMENT FORM

DATE: _____

NAME: _____

ADDRESS: _____

CONTACT PHONE NO: _____

LICENCE TYPE/S: _____

QUALIFICATIONS: _____

PLEASE DETAIL A BRIEF JOB HISTORY/PAST EXPERIENCE OR ATTACH A RESUME WITH REFEREES:

Period of Employment	Organisation/ Company	Position Held and Work Carried Out

Referees	Organisation	Phone/Mobile Number
1.		
2.		