

APPLICATION FORM: Town Planner

Personal Details:			
Surname:			
Given Names:			
Address:			
Email:			
Contact Number:			
Referees:			
I hereby give my consent for the below professional referees to be contacted.			
1. Name:			
Position & Organisation:			
Contact Number:			
Professional Relationship:			
3 Names			
2. Name:			
Position & Organisation:			
Contact Number:			
Professional Relationship:			
Application Checklist: For your application to be considered, please ensure all items are answered <u>Yes</u> before submitting			
your application.	sidered, piedse ensure dil ilem	s are ariswe	erea <u>res</u> before submitting
Application Form:		Yes 🗖	No □
Cover Letter:		Yes 🗖	No 🗖
Resume:		Yes 🗖	No 🗖
Copy of Qualification:		Yes 🗆	No 🗖
Statement individually address	ssing each Selection Criteria:	Yes 🖵	No □
·	<u> </u>		
Applications should be sent by email to: recruitment@mvc.tas.gov.au			
Declaration by Applicant: I hereby declare that I have prepared the information contained in this application and that it			
is true and accurate. I understand for my application to be considered I must provide all			
documents listed in the Application Checklist and confirm that my application contains all			
these documents.			
Cianatura	Drint Nama		
Signature	Print Name	D	ate