



H. W. GREENHAM & SONS PTY. LTD.

*Meat Exporters
PO Box 111
Tongala 3621*

Job Application Form

Please tick the appropriate box or circle the appropriate answer

Employment Process includes:
Pre Employment Medical, Drug/Alcohol Test, 'Q' Fever Test, and Physio Examination

PERSONAL INFORMATION:

Surname:

First Names:

Address:
.....

Telephone Numbers: Home: Mobile:

Date of Birth:/...../..... Sex: Male Female

E-Mail:

Are you an Australian, a New Zealand citizen, or a permanent resident? State which:

If you are not an Australian or New Zealand citizen and you do not have the right of permanent residency here, we are required to ask the following question:

Do you have a work permit? Yes No

If Yes, you will need to produce your passport for verification.

EDUCATION AND QUALIFICATIONS:

Name of School, College, University, etc	Dates Attended		Qualifications Obtained
	From:	To:	

TRADE / OCCUPATIONAL QUALIFICATIONS:

Please list trade / occupational qualifications:
(Where appropriate, you will be required to produce original documents.)

.....
.....

Are you currently studying or planning to study for any qualifications? YES / NO

.....

If requested, are you willing to undertake training during and/or outside business hours? YES / NO

Please advise us of any knowledge of livestock you possess. Set out here what experience you may have of farm work, forms of animal handling, meat or general food processing:

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.....

PERSONAL INTERESTS / HOBBIES please list:

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.....
.....

EMPLOYMENT RECORD:

List your most current employer first.

Current / Past Employer:

Position: From To

Reason for leaving:

Current / Past Employer:

Position: From To

Reason for leaving:

Current / Past Employer:

Position: From To

Reason for leaving:

Current / Past Employer:

Position: From To

Reason for leaving:

May we discuss references with past employers? YES / NO

REFEREES:

In addition to past employers, could you please give names and their contact numbers of two non-work related persons who will provide references:

1.

2.

CONDITIONS OF EMPLOYMENT:

Do you agree to your wages being paid by direct credit? YES / NO

Do you agree to work overtime as and when required? YES / NO

Do you agree to attend a Doctor nominated by the company for a pre-employment medical examination and Drug Test? YES / NO

Do you agree to have a Q-fever test? YES / NO

Do you agree to abide by the Company Rules and Procedures? YES / NO

Do you agree to sign a written employment agreement if you are selected for work? YES / NO

Would you be able to perform work of up to 50 hours manual labour competently per week? YES / NO

If your application is successful, when could you start work?/...../.....
Day Date

SUPERANNUATION:

Are you a Member of a Superannuation Fund? YES / NO

If yes, provide details of the fund to which contributions are to be remitted:

Name:

Address:.....

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HOURS OF WORK:

The company works one shift per day.

6:00 am to 3:30 pm approx

Work at H.W. Greenham and Sons Pty Ltd can involve physically demanding tasks. Given this, please give details of any health or physical problems which may affect your work performance:

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Please detail any Workers Compensation and Accident Compensation claims resulting from work and/or non-work injuries:

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.....

Have you had, or do you suffer from:	Yes	Give Details	No
Allergies			
Are you taking drugs or other medication?			
Any illness that may disallow you from working in the food industry? Ie: Hepatitis.			

In making this application for employment to this position you are required to disclose any (all) pre-existing injuries or diseases suffered by you, which you reasonably believe could be affected by you undertaking this position, the details of which are set out above.

If you fail to disclose this information or if you provide false or misleading information you and your dependents may not be entitled to WorkCover benefits in the event of any recurrence, aggravation, acceleration, exacerbation or deterioration of the pre-existing injury or disease, arising out of, or in the course or due to the nature of this employment with H.W. Greenham & Sons Pty. Ltd.

I acknowledge that I have read and understood the above statement and declare that the answers to the questions in this application are true and correct.

I accept that should my application be successful, the foregoing information will form part of my contract of employment and falsification or omission of information are ground for summary dismissal.

I have agreed to supply the information on a confidential basis between myself and my prospective employer, who may make any necessary inquiries to satisfy themselves about the application.

.....
Print Name

.....
Signature

...../...../.....
Date

EMPLOYEE DECLARATION
(To be completed by employment applicant)

The following declaration is made for the purposes of sections 82 (7)(8)(9) of the *Accident Compensation Act 1985*.

I, declare that:
name of applicant

- 1. I have read and understood this form, including the information overleaf.
- 2. I acknowledge that I am required to disclose all pre-existing injuries or diseases which I believe may be affected by my undertaking the position of
title/name of job

AND (Strike out whichever is not applicable)

(a) I do not believe that any injury or disease that I have is likely to be affected by the duties described in the job description.

OR

(b) I have suffered the following injuries and/or diseases that may be affected by the duties described in the job description. [list injuries and/or diseases]

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I acknowledge that any non disclosure or false or misleading information my part may result in section 82 (8) of the *Accident Compensation Act* being applied which would disentitle me or my dependents from receiving benefits relating to any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease which I may have.

To the best of my knowledge the information provided in this Declaration is true and correct.

DATED: day of in the year

.....
Print Name

.....
Name of Witness

.....
Signature

.....
Signature