



Application for Employment

Date:.....

Position applied for:

Family Name:

Given Names:

Address:

.....

Date of birth:

Contact Ph (business hrs):

Contact Ph (after hrs):

Education/Qualifications (Secondary, Technical, Trade, University, Other)

| Name of School | Full/Part Time | Year Commenced | Year Completed | Qualification Gained |
|----------------|----------------|----------------|----------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Licences/Certificates

| Type | Licence No. | Expiry Date | Type | Licence No. | Expiry Date |
|---------------------|-------------|-------------|------------|-------------|-------------|
| Motor Vehicle | | | Gun | | |
| Light Truck | | | First Aid | | |
| Heavy Vehicle | | | Other..... | | |
| Trailer Combination | | | | | |
| Fork Lift | | | | | |
| Loader | | | | | |

Do you have your own transport?

Yes

No

Previous Employment (Most recent first)

| |
|---|
| Name of Employer _____ |
| Employers Address _____ |
| _____ |
| Type of Business _____ |
| Date Employed from _____ Date employed to _____ |
| Duties _____ |
| _____ |
| _____ |
| _____ |
| Reason for leaving _____ |
| _____ |
| Notice required (If applicable) _____ |
| _____ |

Previous Employment

| |
|---|
| Name of Employer _____ |
| Employers Address _____ |
| _____ |
| Type of Business _____ |
| Date Employed from _____ Date employed to _____ |
| Duties _____ |
| _____ |
| _____ |
| _____ |
| Reason for leaving _____ |
| _____ |
| Notice required (If applicable) _____ |

Have you previously been employed by Burrangong Meat Processors?

Please circle Yes No

If yes, in what capacity & when?

Do you know any other Burrangong Meat Processor employees? Yes No

If yes, whom?

Have you ever commenced a Traineeship in Meat Processing? Yes No

If yes, when did you start? (month) (year)

Did you complete the Traineeship? Yes No

What level did you complete? eg Certificate III in Slaughtering

.....

Please attach copies of any Meat Processing qualifications.

Have you any other Trade Qualifications? *If yes, please give details.* Yes No

.....

Have you a First Aid certificate? Yes No

If yes, when does this expire?

In the case of an emergency whom is your next of kin:

Your relationship to next of kin:

Their phone number:

Name of family doctor:

Do you have a medical condition or physical disability? Yes No

If yes, please give details

.....

(Optional) Have you ever suffered any back injury or complaint? Yes No

If yes, please give details

.....

(Optional) Have you ever claimed workers' compensation or accident benefits from any employer? Yes No *If yes, please give details*

| Date of claim | Time off work | Type of injury |
|---------------|---------------|----------------|
| | | |

.....

Are you allergic to any medication? *If yes, please give details* Yes No

If it were a requirement of your job description, would you agree to undergo a pre-employment medical and/or drug test? Yes No

When was your last tetanus injection?

Do you take any medication which could affect your work or make you drowsy?
 Yes No *If yes, please give details*

Have you ever contracted or been vaccinated for Q-fever? Yes No

If so, please provide written proof eg a copy of your Q-Fever card.

If not, are you allergic to eggs? *The Q-fever vaccine is egg-based.* Yes No

Are you able to work flexible hours, including overtime if required? Yes No

Have you ever had problems wearing safety boots, glasses, gloves or other protective equipment? Yes No

Please list at least 2 work related referees that we can contact

| Name | Position Title | Employer | Telephone Number |
|------|----------------|----------|------------------|
| | | | |
| | | | |
| | | | |

Please attach your resume if possible.

Declaration and Authorisation:

In completing this application you are responsible for the accuracy of your statements. If any information is withheld, suppressed, deliberately misleading or false, you may be liable, if employed, for dismissal.

I declare that the above statements and answers are true and correct. I acknowledge that these are a pre-condition of employment and that if I knowingly provide answers and statements which are untrue or incorrect this may result in my not being offered employment, or my employment being terminated without notice.

.....
 Your signature

.....
 Date

Please send your completed application to:

*The Human Resources Manager
 Burrangong Meat Processors
 P.O. Box 63 Young NSW 2594
 Fax: 02-6382 4389*