



Application for Employment



All information disclosed in this application is strictly private and confidential.

If you provide a detailed resume with your application, you need only complete the details on this application that are not included in the resume. All Disclosure of pre-existing injury or illness questions must be completed.

POSITION SOUGHT

PERSONAL DETAILS

SURNAME	<input type="text"/>	GIVEN NAMES (IN FULL)	<input type="text"/>
ADDRESS	<input type="text"/>		
SUBURB	<input type="text"/>	POSTCODE	<input type="text"/>
TELEPHONE (HOME)	<input type="text"/>	MOBILE	<input type="text"/>

Are you an Australian or New Zealand permanent resident or citizen? Yes No
 Please note you will be required to provide proof of your residency status (Visa and Passport) if you are successful through the interview process. Providing this information authorises the Department of Immigration and Citizenship to release the details of your work rights status. This allows Anchor Foods to ensure we comply with Australian Visa requirements.

What hours does your visa allow you to work per week?.....

Do you hold a current drivers licence? Yes No

Other occupational licences and registration certificates held:

.....
.....

EDUCATION & QUALIFICATIONS

(Please indicate highest standard of education/qualification achieved)

DATE FROM	DATE TO	NAME OF SCHOOL/ TAFE/ UNIVERSITY ATTENDED	FULL TIME OR PART TIME	LEVEL ATTAINED/ QUALIFICATION	SUBJECTS PASSED



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Membership of Professional, Technical Organisations?

.....

What are your hobbies, sport or leisure activities?

.....

PRESENT EMPLOYMENT

Name & Address of Employer/ Nature of Business:

.....

Describe your current/most recent position - include your main responsibilities *etc.*

.....

.....

PREVIOUS EMPLOYMENT

Start with most recent employment (after current employment) and work backwards.

DATE FROM	DATE TO	NAME AND ADDRESS OF EMPLOYER	POSITION HELD	REASON FOR LEAVING

Other special training, skills, knowledge or experience that will support your application.

.....

.....

.....



BUSINESS REFERENCES

List 3 persons (other than relatives) from whom references may be sought.

NAME	OCCUPATION	ADDRESS & TELEPHONE NUMBER

DISCLOSURE OF PRE-EXISTING INJURY OR ILLNESS

Have you ever suffered or still suffer from any serious illness, disability, or medical condition that could limit your performance in the job you are applying for? Yes No

If YES, please give details:

.....
.....

Are there any types of work that you cannot undertake for medical reasons? Yes No

If YES, please give details:

.....
.....

Personal Health:

Have you any illness or disability at present? Yes No Specify: _____

Are you taking medicines, mixtures or tablets at present? Yes No

If yes, please specify?

Have you ever had any allergy from, or reacted to any antibiotic, medicines, drugs, insect bites, food or anything else? Yes No

If yes, please give details _____

Are you receiving treatment for any medical conditions? Yes No

If yes, please give details _____



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Are you aware of any past or present health problems which may affect your capacity to work in the position applied for? For example: Tick Yes or No

- Physical disability? Yes No
- Vision Imparement Yes No
- Hearing Imparement..... Yes No
- Heart Disorder Yes No
- Diabetes Yes No
- Skin sensitivities (dermatitis /allergy) Yes No
- Chemical senesitivities Yes No
- Dust related allergy Yes No
- Stress Yes No
- Nervous trouble, epilepsy or fainting Yes No
- Repetitive strain injury Yes No
- Respiratory Disease (Asthma, Tuberculosis or Pleurisy) Yes No

Manual Handling

Have you ever been treated for an injury as a result of attempting to lift, lower, push, pull, carry or otherwise move, hold or restrain any object? Yes No

Do you suffer from any medical or health related condition that may affect your ability to lift, lower, push, pull, carry or otherwise move, hold or restrain any object? Yes No

Chronic fatigue lower back pain, arthritis or degeneration of the spine or headaches Yes No

Do you suffer from any medical or health related condition that may be affected by physical or strenuous work? (Eg repetitive strain injuries related to manual handling, lower back pain, hernia or haemorrhoids, a heart condition, high blood pressure, a respiratory condition such as asthma etc) Yes No

Have you had or do you currently have any of the following:

- Swollen or painful joints..... Yes No
- RSI Yes No
- Knee injury Yes No
- Fractures..... Yes No
- Ankle injury..... Yes No
- Neck injury Yes No
- Back injury..... Yes No
- Other joint injury Yes No
- Shoulder injury Yes No



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Chemical Exposure

Have you ever been treated for an injury, illness or side effect as the result of being exposed to chemical or toxic substances or using of PPE? (eg gloves) Yes No

Do you suffer from any medical or health related condition that may be affected as the result of being exposed to medications, detergents, cleaning solutions, and pesticides? (eg respiratory conditions such as asthma, dermatitis or eczema, allergic reactions, etc) Yes No

Is there any reason that you can't wear safety or protective equipment (ie safety foats, ear muffs or plugs, helmet or safety glasses)? Yes No

Have you had or do you suffer from:

Skin problems Yes No

Allergies Yes No

Eczema Yes No

Loss of consciousness Yes No

Dermatitis Yes No

Epilepsy or fainting Yes No

Infectious Diseases

Have you had any of the following diseases?

Measles Yes No

Hepatitis Yes No

German Measles Yes No

Tuberculosis Yes No

Chicken Pox Yes No

Herpes Simplex Yes No

If you have ticked 'yes' to any of the questions above, please provide details (eg dates, what happened, nature of injury/medical condition, treatment details, length of time off work, etc)

.....

Have you ever had a workers' compensation claim? Yes No

If Yes, give details _____

Is this claim closed? Yes No

Date closed -----/-----/-----



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Applicants Declaration

Do you have any other health concerns or medical conditions you are aware of that may affect

- Your ability to undertake the work, or that
- This organisation should be made aware of, so that it can fulfil its own duty of care to its employees.

If so, please provide details (eg dates, what happened, nature of injury/condition, treatment details, etc)

Section 79 of the Workers' Compensation and Rehabilitation Act 1981 gives the Workers's Compensation Conciliation and Review Directorate discretion to refuse to award compensation which would otherwise be payable, where it is provided that the worker has, at the time of seeking or entering employment, wilfully and falsely represented themselves as not having previously suffered from the disability, the subject of the claim for compensation.

I, _____, hereby declare that:

- The particulars on this form are, to the best of my knowledge, correct and true.
- I have disclosed all relevant information in relation to my mental and physical ability to safely carry out the inherent requirements of the position(s) for which I have applied
- Am aware that a medical will be required prior to employment being offered at the expense of Anchor Foods.
- **I also understand and am aware that any inaccurate statement made, or information withheld, may be viewed as grounds for rejection of my application, review of any employment offered and termination of employment.**

Signed: _____

Date: __ / __ / __

Print Name: _____

Witness

Signed: _____

Date: __ / __ / __

Print Name: _____

END OF APPLICATION