

WHO IS TO BE NOTIFIED IN CASE OF ACCIDENT/ ILLNESS?

NAME: _____ PHONE NO. (Work):

RELATIONSHIP: _____ PHONE NO. (Home):

ADDRESS _____:

COUNTRY OF BIRTH: _____

Primary Language Spoken _____.

Speak English: Yes / No

QUALIFICATIONS HELD

EDUCATION STANDARD REACHED AT SCHOOL

_____.

PROFESSIONAL TRADE OR OTHER QUALIFICATIONS

_____.

CERTIFICATES AND/OR LICENCES HELD _____:

DO HAVE YOUR OWN TRANSPORT: _____.

DO YOU HOLD A CERTIFICATE TO RENDER FIRST AID YES/ NO

OTHER QUALIFICATIONS YES / NO

SPECIAL HOBBIES OR INTERESTS: LANGUAGES SPOKEN:

_____.

PARTICULARS OF PREVIOUS EMPLOYMENT

(Please start with your last or current employer)

Previous Employer	From	To	Position Held	Reason for Leaving

NB: Company may contact any of the above to seek references

Have you previously been employed by any company in the SEPOS Group of Companies?

YES! NO

If answer is YES: When: _____ Where: _____

Why did you leave? If answer if YES: Where Employed:

Do you have any relatives employed by any Company in the SEPOS Group of Companies? YES / NO

WORKERS COMPENSATION

Have you ever received workers compensation benefits?

If yes complete particulars of any previous accidents and/or workers compensation claims:

HEALTH

How do you rate your health? Excellent/Good/Fair Do you smoke: YES / NO

Do you wear glasses/contact lenses? YES / NO?

Do you wear a hearing aid? YES / NO

Do you drink alcohol? YES / NO

Have you ever had counselling/medical attention for drugs/alcohol? YES / NO

If YES, give details:

Have you had any major illnesses? YES / NO If YES, When:

Type of Disease_____.

Do you agree to a medical examination by a doctor/nurse nominated by the Company? YES / NO

MEDICAL HISTORY

Are you receiving or contemplating receiving medical or surgical treatment? YES / NO

If YES, please give details_____:

1. Are you being treated by any Doctor for any illness?

2. Are you taking regular medication?

3. Have you had any operations?

If YES, please give details_____.

4. Have you had any broken bones?

If YES, please give details: _____ 11

5. Have you ever suffered from

- A. Wheezing or Bronchitis
- b. Asthma or Hay Fever
- c. Shortness of Breath
- d. Tuberculosis

- e. Any lung complaint
- f. Coughing of Blood
- g. Deafness (excessive noise exposure)
- h. Ringing or buzzing in ears
- l. High Blood Pressure
- j. Heart Disease or chest pain
- K Hernia
- l. Back trouble
- m. Fits, Blackouts, Epilepsy
- n. Frequent Headaches or Migraines
- o. Skin Disorders, Dermatitis
- p. Stomach pains or Ulcers
- q. *Thyroid* trouble
- r. Colour Blindness
- s. Blood in Urine
- t. Diabetes (sugar)
- u. Varicose Veins
- v. Persistent Aches or Pains anywhere
- w. Hepatitis A, B, C or D
- x. Any communicable enteric disease
- y. Any other physical or medical problems if YES please list_____.

MEDICAL HISTORY CONTINUE

6. Have you ever had trouble with you're:

- | | |
|--------------------|----------|
| a. Hands / Fingers | YES / NO |
| b. Wrists / Elbows | YES / NO |
| c. Head / Neck | YES / NO |
| d. Ankles/ Knees | YES / NO |
| e. Back | YES / NO |
| F Arms / Shoulders | YES/NO |
| g. Chest | YES / NO |

7. How many sick leave days have you taken in the past 12 mouths?_____.

8. What is you're: *Height*_____ *Weight*_____.

Left / Right Handed:

9. Do you have any allergies? YES/NO

If YES, please give details:_____.

10. Have you been immunised against Tetanus? YES / NO

If YES, please give date of immunisation: _____

11. Have you been immunised against Hepatitis B? YES / NO

DECLARATION BY APPLICANT

If I am employed either on a permanent, part time or casual basis, I agree to the following:

1. Employment with this Company is dependent upon reference/qualifications proving satisfactory.
2. I must acquaint myself with safety regulations and in the case of sickness, accident or personal injury, ensure that the departmental head is immediately notified. Medical certificate must be produced as required and where applicable, workers compensation forms completed. If I have an accident or suffer any personal injury, I must immediately report the incident to my Supervisor and/or Company Health Nurse. Failure to do so may affect my entitlement to workers compensation cover.
3. As we are a food transport organisation a high standard of personal hygiene must be maintained at all times and protective clothing, where supplied, must be worn- Smoking is not permitted within Company buildings or vehicles.
4. Private cars must, at all times, be parked in the Company car park and within spaces marked, if provided. Parking cars in the Company car park is at the owner's risk.
5. Private calls are not permitted on Company telephones without Supervisor approval.
6. Instructions by Executive and Security Staff must be complied with at all times whilst ⁰⁰ Company property, or in Company vehicles. Employees are not to have any items or property belonging to the Company in their possession when leaving Company premises unless they have first been declared and are not to leave their belongings in the custody of the Company. Employees will be subject to security checks when entering or leaving any Company premises.
7. I [agree to](#) comply with all safety and environmental regulations and procedures.
8. The personal information on the Application for Employment Form will only be used by the Company for administration purposes and will be treated as confidential.
9. Time Cards - if a time card is provided to record *your* hours of work, the *card* is to be clocked immediately prior to commencing work and immediately after finishing work. *If* your time card is not in the rack at any time you need to use it, you should report to your Supervisor. Under no circumstances must you clock the time card *of* another employee. A deliberate breach of ^{this} instruction **WILL RESULT IN INSTANT DISMISSAL**.
10. Sick Leave. - Sick leave is credited in accordance with the Award under which you are employed. All absences through sickness (other than cases of Worker's Compensation. Certificates required on your return to work after absence through sickness. These rules must be followed or the absence will be regarded as unauthorised.
11. If employed on quarantine locations, employees must comply with the Company's quarantine regulations.

12 Employees must familiarise themselves with and comply with the Company's policies, rules and regulations, which may be varied by the Company from time to time and agree to familiarise themselves with and comply with these variations whenever they are so made.

13. Part of the applications procedure involves a medical examination by a nominated Medical Officer and I authorise disclosure of the results of this examination to the Company, and agree that my employment with the company will be subject to a satisfactory health clearance given by such nominated Medical Officer.

All the information set out in this application is to the best of my knowledge and belief, true and accurate in every detail.

I agree that the Company shall have the right to terminate my employment at any time with notice should any of the previous statements made by me prove to be incorrect or false or if I contravene any of the Company's rules or regulations.

I agree that the Company may transmit my salary or wages by electronic transfer into a Bank, Credit Union or Building Society account nominated by me.

I hereby authorise the company to *deduct* rent from my wages if I live on Company premises

Signature: _____.

Date _____.

Witness: _____ Date _____.

CONFIDENTIAL

FOR OFFICE USE ONLY

Position Applied For: Name:

(Surname)_____(Given Names)_____.

Previous Employers Checked: YES / NO

Note passport number, expiry date and work visa details if appropriate. Previous

Accident Record Checked: YES / NO

Proof of name/age must be verified to one of (two where possible):

Sighted: Marriage Certificate Birth Certificate Drivers Licence

. Replacement fitness assessment conducted and discussed.

Date: / / By Whom: *Employed* By :(Print Surname)_____.

(Signature)Approved By_____:

Commencement Date:_____ Pay Rate _____.

Classification Permanent/ Casual:

Number: Tax_____.

Declaration Completed YES / NO

Superannuation Form Completed: YES / NO

Bank Account:_____.BSB No_____ Branch Acct No:_____.

Name: Payroll Officer_____.