

EMPLOYMENT APPLICATION FORM

Please note:

- **Completion of this form is not an offer of employment.**
- This application is confidential and must be completed by the applicant.
- Please mark your answers with an "X" in the box (☐) to indicate "Yes or No" questions.
- All questions must be answered in full and be legible for your application to be considered.

1.1 PERSONAL DETAILS

Surname: _____ Given Names: _____

Address: _____ Post Code: _____

Telephone: (H) _____ (M) _____

Date of Birth: / / E-mail address: _____

Gender: Male / Female / other

1.2 CITIZENSHIP DETAILS

1.2.1 Are you an Australian Citizen?

Yes ☐ No ☐ If yes, please skip to 1.2.2

If no, what is the country of Citizenship?

What type of Visa?

1.2.2 Are you eligible to work in Australia?

Yes ☐ No ☐

2. EDUCATION AND COMPETENCIES

2.1 Licences Held	Issued by	Expiry date
2.2 School	Grade	Date Completed
2.3 Trade or Tertiary Qualifications	Organisation	Date completed

3. EMPLOYMENT HISTORY

3.1 PREVIOUS EMPLOYEES

Have you previously worked for Richmond Dairies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which year did the employment end?	
If yes, what was the reason?	

3.2 CURRENT OR MOST RECENT EMPLOYER

Name of employer			
Date Started		Date finished	
Address:			
Location:		Phone:	
Job title:			
Reasons for leaving:			

3.3 PREVIOUS EMPLOYER

Name of employer			
Date started		Date finished	
Address:			
Location:		Phone:	
Job title:			
Reasons for leaving:			

3.4 PREVIOUS EMPLOYER

Name of employer			
Date started		Date finished	
Address:			
Location:		Phone:	
Job title:			
Reasons for leaving:			

4. SECONDARY EMPLOYMENT & COMMITMENTS

4.1 Do you have any secondary employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	
4.2 Are you an active member of Emergency Services or Army Reserve?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	

5. REFEREES

Please provide details of three contactable referees who are not relatives.

Name & Company	Position	Telephone

6. GENERAL

What position are you applying for?

Maintenance Administration Production Technical Any

6.1 Are you prepared to work shifts, if requested to do so?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:
6.2 Are you prepared to work overtime if required?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:
6.3 Are you prepared to abide by all Safety and Hygiene Rules?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:
6.4 Do you have any health problems or medical condition that may affect your ability to perform the requirements of this position?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please detail if yes:
6.5 Have you had any major illnesses or accidents in the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please detail if yes:
6.6 Have you ever claimed Workers' Compensation for any reason?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please detail if yes:
6.7 Is there any additional information which you would like to include to support your application for employment?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please detail if yes:

7. HEALTH QUESTIONNAIRE*

<p>Asthma / Bronchitis Yes / No Asbestosis / Silicosis Yes / No Shortness of breath Yes / No Sinusitis Yes / No Pneumonia Yes / No Pneumothorax Yes / No</p> <p>Tenosynovitis / carpal tunnel syndrome Yes /No Repetitive strain injuries Yes / No Arthritic joints Yes / No Back problemsYes / No Neck / spine problemsYes / No Wrist / elbow/ arm problemYes / No Ankle / knee / leg problemsYes / No Any major sprains/ strainsYes / No Ganglion Yes / No Hernia-inguinal / abdominal Yes / No</p> <p>Gastroenteritis Yes / No Indigestion / dyspepsia Yes / No Stomach ulcer Yes / No</p> <p>Q-fever / leptospirosis Yes / No Tuberculosis / Brucellosis Yes / No Diabetes Yes / No Epilepsy Yes / No Strokes Yes / No Cardiac (heart) problemsYes / No</p>	<p>Alcohol / other drugs abuseYes / No Mental illness Yes / No Cancer --- (Type) Yes / No Vertigo Yes / No Fainting / Giddiness Yes / No High / Low Blood Pressure Yes / No Migraine headaches Yes / No Hearing loss Yes / No Vision defects Yes / No</p> <p>Please provide further detail of anything you know that may affect your ability to perform in the prospective employment position.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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If you have answered YES to any of the above, please provide further details.

***Information received will be treated confidentially.**

Note: Failure to declare any disability or condition which could reasonably affect your ability to perform the tasks required by the position you have applied for, may have an effect on any claim for Worker's Compensation or otherwise that you may make in the future employment with Richmond Dairies Pty Ltd. You may also be required to undergo a medical examination before commencing work to assess your capacity to perform the work required. If you have any doubts concerning your health and the effect this may have on the position, we encourage you to discuss with us, and seek advice or further details on the position.

8. DECLARATION

1. If requested, I agree to be medically examined prior to commencement of employment, and if considered necessary by Richmond Dairies, during my employment, by a Medical Officer nominated by Richmond Dairies.
2. I agree to wear safety equipment provided and considered by Richmond Dairies to be necessary for any position in which I may be employed.
3. I acknowledge and understand that any offer of employment is subjected to a probationary period of three months, and either party may terminate service during that period. The probationary period may be extended for up to a further 3 months by mutual agreement.
4. I understand that any offer of employment by Richmond Dairies Pty Ltd will be based upon the accuracy of any information provide by me in this application, and I understand that should any information provided subsequently be found to be false or incorrect, my employment may be terminated without notice.

Applicant: _____ Date: _____
(SIGNATURE) (PRINT NAME)

Witness: _____ Date: _____
(SIGNATURE) (PRINT NAME)

OFFICE USE - ONLY

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	Initial and date
Application reviewed	
Applicant interviewed	
References Checked	
Applicant employed if successful	
Applicant advised if unsuccessful	
Comments:	