

DUBBO NSW

Lot 11 Yarrandale Road
 Dubbo NSW 2830
 Locked Bag 10
 Phone: 02 6801 3100
 Fax: 02 6884 2965

**ALBANY WA**

520 Settlement Road
 Narrikup WA 6326
 PO Box 680
 Phone: 08 9892 4000
 Fax: 08 9892 4080

<i>For Office Use Only</i>		
JOB APPLICATIONS	DEPARTMENT	MEDICAL & INTERVIEW
Received / /	<input type="checkbox"/> HARV <input type="checkbox"/> BYPR	<input type="checkbox"/> Drug Screening
Phoned / /	<input type="checkbox"/> HFAB <input type="checkbox"/> CLEN	<input type="checkbox"/> Medical Form
Interview / :	<input type="checkbox"/> CFAB <input type="checkbox"/> MAIN	<input type="checkbox"/> Hearing Booth
Letter Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LOU <input type="checkbox"/> GIFT	<input type="checkbox"/> Interview Summary
Induction / /	<input type="checkbox"/> SKIN <input type="checkbox"/> STAF	<input type="checkbox"/> Q-Vax Policy
Restarter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes: _____	Notes: _____

APPLICANT TO COMPLETE THE FOLLOWING (PLEASE ANSWER ALL QUESTIONS)

How did you find out about employment at Fletcher International Exports? (Please tick one or more)

- | | | |
|---|--|--|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Job Service Provider (e.g. Joblink) |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Company Website | <input type="checkbox"/> Career/Industry Expo |
| <input type="checkbox"/> Online Advertisement | <input type="checkbox"/> Other _____ | |

EMPLOYMENT SOUGHT

- Full Time (40 Hours per Week)
 Casual (40 Hours per Week)
 Part Time

What is the earliest date that you are available for employment: ASAP or Date _____

SECTION A | PERSONAL DETAILS

TITLE: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	PREFERRED NAME: _____
FIRST NAME _____	LAST NAME _____
DATE OF BIRTH: _____	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (Other/Indeterminate)
MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Attached <input type="checkbox"/> Married	NUMBER OF DEPENDANTS: _____
ADDRESS: _____ _____	CONTACT NUMBERS
SUBURB/TOWN: _____	HOME: _____
POST CODE: _____	MOBILE: _____
EMAIL ADDRESS: _____	OTHER: _____

THE FOLLOWING ARE CONDITIONS OF EMPLOYMENT OR APPLICATION PROCESS

- | | |
|--|--|
| Do you agree to undergo a Medical Check by the Company? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you agree to submit to a Urinary and/or Oral Drug Screening? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you agree to be vaccinated for Q-Fever upon gaining employment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CULTURE, COMMUNICATION AND LANGUAGE

COUNTRY OF ORIGIN: _____ BIRTH TOWN: _____

CITIZENSHIP STATUS Australian Citizen or Permanent Resident
 Other – Please state Visa type/number _____**Please attach a copy of your Australian Birth Certificate/Australian Driver Licence OR Passport and Visa**

HOW LONG HAVE YOU LIVED IN AUSTRALIA? _____

These questions are asked for provision of information on Government reports required by legislation from time to time.

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLAND DESCENT?	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both <input type="checkbox"/> No, neither
DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? <i>If more than one language, indicate the one that is spoken most often</i>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes _____
DO YOU REQUIRE TRANSLATED DOCUMENTS FOR COMMUNICATION?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, as above
DO YOU IDENTIFY AS HAVING A DISABILITY? <i>If yes, you may need to provide details to Human Resources</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
DO YOU REQUIRE ANY EXTRA ASSISTANCE FOR COMMUNICATION? <i>If yes, you may need to provide details to Human Resources</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU A MEMBER OF A TRADE UNION?	<input type="checkbox"/> Yes, _____ <input type="checkbox"/> No

NEXT OF KIN | EMERGENCY CONTACT DETAILS

CONTACT (FULL) NAME: _____

RELATIONSHIP TO YOU: Family Friend Partner CONTACT NUMBER _____**SECTION B | EDUCATION AND TRAINING**HIGHEST SCHOOL YEAR COMPLETED Year 12 Year 11 Year 10 Year 9 Year 8 Year 7 or belowHAVE YOU ATTACHED A CURRENT RESUME TO THIS APPLICATION? Yes*If yes, you are not required to complete Section B* No

Name of School/College/University	Period Studied	Course Studied
	-	
	-	
	-	
Trades or Professional Qualifications Attained		

SECTION C | PERSONAL

ARE YOU CURRENTLY REGISTERED AS UNEMPLOYED?

Yes No

If YES, who is your Job Active Provider?

Sureway Joblink Best Employment Skill Hire WA Max Employment Other _____

Please provide Jobseeker ID: _____

ARE THERE ANY RESTRICTIONS ON YOU WORKING OVERTIME OR SHIFT WORK?

Yes No

DO YOU HAVE EXPERIENCE IN THE USE OF A KNIFE?

Yes No

HAVE YOU WORKED IN AN ABATTOIR BEFORE?

Yes No

If YES, please provide details below

Location: _____ When? Last 12 Months 1 – 4 Years Ago 4+ Years

Jobs Performed: _____

HAVE YOU EVER WORKED FOR FLETCHER GROUP IN THE PAST?

Yes No

If YES, what Department? _____ When? _____

HAVE YOU HAD ANY CRIMINAL CONVICTIONS IN THE PAST 10 YEARS?

Yes No

If YES, you are under no obligation to provide details but your choice to do so will be a sign of good faith. Please note information supplied will be confidential.

SECTION D | EMPLOYMENT HISTORY (Last 3 Employers)

IS THIS YOUR FIRST JOB?

Yes No

HAVE YOU ATTACHED A CURRENT RESUME TO THIS APPLICATION?

Yes No

If you have attached a current resume, you are not required to complete Section D

EMPLOYER NAME		PERIOD EMPLOYED	
POSITION HELD		CONTACT NUMBER	
MAIN DUTIES AND RESPONSIBILITIES			

EMPLOYER NAME		PERIOD EMPLOYED	
POSITION HELD		CONTACT NUMBER	
MAIN DUTIES AND RESPONSIBILITIES			

EMPLOYER NAME		PERIOD EMPLOYED	
POSITION HELD		CONTACT NUMBER	
MAIN DUTIES AND RESPONSIBILITIES			

SECTION E | WORK HEALTH AND SAFETY & WORKERS COMPENSATION

HAVE YOU EVER RECEIVED OR ARE YOU CURRENTLY RECEIVING WORKERS COMPENSATION? Yes No

This information is for insurance purposes only, this will not affect the Company's decision to employ you.

If YES to above, please complete the following details (provide attachments if required)

Name of Employer: _____

Name of Insurer: _____

Type of Injury: _____

IN ORDER TO HELP THE COMPANY MEET ITS FULL OBLIGATIONS UNDER CURRENT WORK HEALTH AND SAFETY LEGISLATION; DO YOU HAVE ANY CONDITIONS WHICH MAY:

- a. Interfere with your performance on this job; or Yes No
- b. Pose a risk to your health and safety; or Yes No
- c. Pose a risk to the health and safety of others in the workplace Yes No

If YES to any of the questions above, please provide details:

HAVE YOU EVER BEEN REFUSED LIFE INSURANCE, MILITARY SERVICE OR EMPLOYMENT DUE TO POOR HEALTH?

No Yes *If yes, please specify* _____

YOUR HEALTH PROVIDER AND HISTORY

NAME OF TREATING DOCTOR/DOCTORS _____

NAME OF PRACTICE/ADDRESS _____

WHAT IS THE GENERAL STATE OF YOUR HEALTH? Good Average Poor

ARE YOU RECEIVING ANY MEDICAL TREATMENT AT PRESENT, OR IN THE LAST 5 YEARS? Yes No

If you answered either POOR or YES to the questions above, please provide details (e.g. strains, fractures, trauma)

HAVE YOU HAD ANY OTHER SERIOUS ILLNESS, OPERATIONS OR INJURIES? Yes No

If you answered either YES, please provide details, including any work related injuries that were not compensated)

HEIGHT (APPROX): _____ cm

WEIGHT (APPROX): _____ kg

DO YOU WEAR GLASSES? Full Time Part Time Not at all

WHAT IS THE GENERAL STATE OF YOUR HEARING? Good Average Poor

HAVE YOU PREVIOUSLY WORKED IN A NOISY ENVIRONMENT? Yes No

HAS YOUR HEARING BEEN AFFECTED BY A PRIOR WORKPLACE? Yes No

WHAT IS YOUR APPROXIMATE ALCOHOL INTAKE? Daily _____ or Weekly _____

WHAT IS YOUR APPROXIMATE CIGARETTE INTAKE? Daily _____ or Weekly _____

DO YOU PARTICIPATE IN ANY HOBBIES OR SPORTS ON A REGULAR BASIS? *(e.g. fishing, football, horse riding)*

HAVE YOU EVER EXPERIENCED OR SUFFERED FROM THE FOLLOWING CONDITIONS? *(Please tick if and specify if YES)*

CONDITION			DETAILS	LAST AFFECTED
<input type="checkbox"/> Cellulitis	<input type="checkbox"/> Eczema	<input type="checkbox"/> Nervous Illness		
<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Dermatitis	<input type="checkbox"/> Mental Disorder		
<input type="checkbox"/> Black outs	<input type="checkbox"/> Migraines	<input type="checkbox"/> Epilepsy/Seizures		
<input type="checkbox"/> Stroke	<input type="checkbox"/> Clots	<input type="checkbox"/> Heart Complications		
<input type="checkbox"/> Rheumatism	<input type="checkbox"/> Arthritis	<input type="checkbox"/> High Blood Pressure		
<input type="checkbox"/> Hernia	<input type="checkbox"/> Back Injury	<input type="checkbox"/> Shoulder Trouble		
<input type="checkbox"/> Scaiatica	<input type="checkbox"/> Slipped Disc	<input type="checkbox"/> Wrist Trouble		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Thyroid Issues	<input type="checkbox"/> Kidney Issues		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Stomach Ulcer		
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Varicose Veins		
<input type="checkbox"/> Chemical Allergy – <i>please specify what chemical/s</i>				
<input type="checkbox"/> Medication Allergy – <i>please specify what medication/s</i>				
<input type="checkbox"/> Other Allergy – <i>please specify (e.g. peanuts)</i>				

SECTION F | DECLARATION

By signing below (*Fletcher International Exports Application Employment Form Section F – Declaration*), you confirm and agree to the following:

- i. You fully understand the contents of the document; and
- ii. Declare that you authorise Fletcher International Exports Pty Ltd the right to contact any of your previous employers or references listed in relation to any and all information on your medical and/or factual history regarding your employment position
- iii. In the event of being offered a position with Fletcher International Exports, information regarding your employment with our Company may also be provided to any prospective employer/s following the cessation of your employment with Fletcher International Exports
- iv. You declare by completing the Fletcher International Exports Pty Ltd – Application Employment Form that to the best of your knowledge that you have information supplied is true and correct to all of the questions.
- v. You understand that providing ANY false or misleading information to Fletcher International Exports Pty Ltd may see your employment terminated without notice.

I understand the terms and conditions of this application and declare that I have provided accurate information

Photo Identification Attached

NAME OF APPLICANT _____

SIGNATURE OF APPLICANT _____ **DATE SIGNED** _____

Fletcher International Exports Pty Ltd thanks you for the time to complete this employment application. You will be advised if you are required to undertake the next stage of recruitment process.

All successful employment applicants are employed on a probationary or trial period, subject to department.

Email application to jobs@fletchint.com.au or drop in to our Gatehouse

Please ensure you have completed your application in full. We reserve the right to reject any applications that are not completed in full.