

DUBBO NSW

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 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"/> Passport/Birth Certificate
Letter Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LOUT <input type="checkbox"/> GIFT	<input type="checkbox"/> Interview Summary
Induction / /	<input type="checkbox"/> SKIN <input type="checkbox"/> STAF	<input type="checkbox"/> Q-Vax Policy
Restart? <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 (up to 40 Hours per Week)
 Part Time
- What is the earliest date that you are available to start?:
 ASAP or
 Date _____

SECTION A | PERSONAL DETAILS

FIRST NAME: _____	LAST NAME _____
PREFERRED NAME _____	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Your own description: _____
DATE OF BIRTH: _____	_____
ADDRESS: _____	CONTACT NUMBERS
_____	HOME: _____
SUBURB/TOWN: _____	MOBILE: _____
POST CODE: _____	
EMAIL ADDRESS: _____	

THE FOLLOWING ARE CONDITIONS OF EMPLOYMENT AND REQUIRED AS PART OF OUR 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 if offered employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

CULTURE, COMMUNICATION AND LANGUAGE

COUNTRY OF BIRTH: _____ BIRTH TOWN: _____

CITIZENSHIP STATUS Australian Citizen or Permanent Resident Other – Please state Visa type _____

Please attach a copy of your Passport OR Australian Birth Certificate

If you do not have a passport or birth certificate, please speak with our HR team for assistance.

IF NOT AN AUSTRALIAN CITIZEN, HOW LONG HAVE YOU LIVED IN AUSTRALIA? _____

The following questions enable us to fulfill our statutory reporting obligations:

Table with 2 columns: Question and Answer options. Questions include: ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLAND DESCENT?, DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?, DO YOU REQUIRE TRANSLATED DOCUMENTS FOR COMMUNICATION?, DO YOU IDENTIFY AS HAVING A DISABILITY?, DO YOU REQUIRE ANY EXTRA ASSISTANCE FOR COMMUNICATION?

NEXT OF KIN | EMERGENCY CONTACT DETAILS

CONTACT (FULL) NAME: _____

RELATIONSHIP TO YOU: _____ CONTACT NUMBER: _____

SECTION B | EDUCATION AND TRAINING

HIGHEST SCHOOL YEAR COMPLETED Year 12 Year 11 Year 10 Year 9 Year 8 Year 7 or below

HAVE YOU ATTACHED A CURRENT RESUME TO THIS APPLICATION? Yes

If yes, you are not required to complete Section B No

Table with 3 columns: Name of School/College/University, Period Studied, Course Studied. Includes a section for 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 IN A WORKPLACE?

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

Job(s) performed: _____

HAVE YOU EVER PREVIOUSLY WORKED FOR THE FLETCHER GROUP?

Yes No

If YES, what Department? _____ When? _____

HAVE YOU HAD ANY RELEVANT CRIMINAL CONVICTIONS?

Yes No

If YES, we ask that you please provide relevant information below. Your response will be treated as strictly confidential. Please note: failure to disclose relevant criminal convictions at this time may result in dismissal if you are offered employment.

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			

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

SECTION E | WORK HEALTH AND SAFETY & INSURANCE

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

This information is for insurance purposes only and will not affect your application.

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 OBLIGATIONS UNDER CURRENT WORK HEALTH AND SAFETY LEGISLATION, PLEASE TELL US IF YOU HAVE ANY CONDITIONS WHICH MAY:

(a) Interfere with your performance or ability to perform the inherent requirements of your role? Yes No

(b) Pose a risk to your health and safety? 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 us with further details. Please note: failure to disclose relevant information at this time may result in dismissal if you are offered employment.

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 _____

HAVE YOU RECEIVED ANY MEDICAL TREATMENT IN THE PAST 5 YEARS WHICH IS RELEVANT TO THE ROLE YOU ARE APPLYING FOR WITH THE COMPANY (E.G. STRAINS, FRACTURES ETC)? Yes No

If you answered YES, please provide us with further details. Please note: failure to disclose relevant information at this time may result in dismissal if you are offered employment.

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

If you answered YES, please provide details, including any work related injuries that were not compensated. Please note: failure to disclose relevant information at this time may result in dismissal if you are offered employment.

HEIGHT (APPROX): _____ cm **WEIGHT (APPROX):** _____ kg

DO YOU WEAR GLASSES? Always Sometime Never

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 _____ or None

WHAT IS YOUR APPROXIMATE CIGARETTE INTAKE? Daily _____ or Weekly _____ or None

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"/> Sciatica	<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 – please specify what chemical/s				
<input type="checkbox"/> Medication Allergy – please specify what medication/s				
<input type="checkbox"/> Other Allergy – please specify (e.g. peanuts)				

Please note: failure to disclose relevant information at this time may result in dismissal if you are offered employment.

SECTION F | DECLARATION

By signing below, you confirm and agree to the following:

- (a) You fully understand the contents of the document;
- (b) You authorise Fletcher International Exports Pty Ltd to contact any of your previous employers or references listed in relation to any and all information you have provided on this form;
- (c) In the event of being offered employment with the Company, information regarding your employment may be provided to any prospective employer/s following the end of your employment with Fletcher International Exports;
- (d) All the information you have provided on this form is true, accurate and complete;
- (e) You fully understand that providing ANY false, inaccurate or incomplete information to Fletcher International Exports Pty Ltd may result in your dismissal if you are offered employment.

I understand and accept all of the above:

NAME OF APPLICANT _____

SIGNATURE OF APPLICANT _____ **DATE SIGNED** _____

BEFORE SUBMITTING

Photo Identification attached Birth Certificate OR Passport attached

Fletcher International Exports Pty Ltd thanks you for your application. You will be advised if you are required to undertake the next stage of recruitment process. All successful applicants are required to complete an initial probationary period. **Email your application to jobs@fletchint.com.au or drop it in to our Gatehouse**