|  |  |  |
| --- | --- | --- |
| **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 |
| *For Office Use Only* | | |
| **JOB APPLICATIONS**   |  |  | | --- | --- | | Received | / / | | Phoned | / / | | Interview | / : | | Letter Sent? | 🞎 Yes 🞎 No | | Induction | / / | | Restarter? | 🞎 Yes 🞎 No | | **DEPARTMENT**   |  |  | | --- | --- | | 🞎 HARV | 🞎 BYPR | | 🞎 HFAB | 🞎 CLEN | | 🞎 CFAB | 🞎 MAIN | | 🞎 LOUT | 🞎 GIFT | | 🞎 SKIN | 🞎 STAF |   Notes: | **MEDICAL & INTERVIEW**  🞎 Drug Screening  🞎 Medical Form  🞎 Passport/Birth Certificate  🞎 Interview Summary  🞎 Q-Vax Policy  Notes: |

**APPLICANT TO COMPLETE THE FOLLOWNG (PLEASE ANSWER ALL QUESTIONS)**

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

|  |  |  |
| --- | --- | --- |
| 🞎 Word of Mouth | 🞎 Newspaper | 🞎 Job Service Provider (e.g. Joblink) |
| 🞎 Social Media | 🞎 Company Website | 🞎 Career/Industry Expo |
| 🞎 Online Advertisement | 🞎 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:** 🞎 Male 🞎 Female 🞎 Your own description: | | |
| **DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **SUBURB/TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **POST CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CONTACT NUMBERS**  **HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **MOBILE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **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? | | 🞎 Yes 🞎 No |
| Do you agree to submit to a urinary and/or oral drug screening? | | 🞎 Yes 🞎 No |
| Do you agree to be vaccinated for Q-Fever if offered employment? | | 🞎 Yes 🞎 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:* | | | | |
| **ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLAND DESCENT?** | | | 🞎 Yes, Aboriginal  🞎 Yes, Torres Strait Islander  🞎 Yes, both  🞎 No, neither | |
| **DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME**?  *If more than one language, indicate the one that is spoken most often* | | | 🞎 No, English only  🞎 Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **DO YOU REQUIRE TRANSLATED DOCUMENTS FOR COMMUNICATION?** | | | 🞎 No, English only  🞎 Yes, as above | |
| **DO YOU IDENTIFY AS HAVING A DISIBILITY?**  *If yes, you may be required to provide us with further information* | | | 🞎 Yes  🞎 No | |
| **DO YOU REQUIRE ANY EXTRA ASSISTANCE FOR COMMUNICATION?**  *If yes, you may be required to provide us with further information* | | | 🞎 Yes  🞎 No | |

**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?**  *If yes, you are not required to complete Section B* | | | | 🞎 Yes  🞎 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 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?**  **HAVE YOU ATTACHED A CURRENT RESUME TO THIS APPLICATION?** | | | 🞎 Yes 🞎 No | |
| 🞎 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 & 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:** | |
| 1. Interfere with your performance or ability to perform the inherent requirements of your role? | 🞎 Yes 🞎 No |
| 1. Pose a risk to your health and safety? | 🞎 Yes 🞎 No |
| 1. 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** |
| 🞎 Cellulitis | 🞎 Eczema | 🞎 Nervous Illness | | |  |  |
| 🞎 Psoriasis | 🞎 Dermatitis | 🞎 Mental Disorder | | |  |  |
| 🞎 Black outs | 🞎 Migraines | 🞎 Epilepsy/Seizures | | |  |  |
| 🞎 Stroke | 🞎 Clots | 🞎 Heart Complications | | |  |  |
| 🞎 Rheumatism | 🞎 Arthritis | 🞎 High Blood Pressure | | |  |  |
| 🞎 Hernia | 🞎 Back Injury | 🞎 Shoulder Trouble | | |  |  |
| 🞎 Sciatica | 🞎 Slipped Disc | 🞎 Wrist Trouble | | |  |  |
| 🞎 Diabetes | 🞎 Thyroid Issues | 🞎 Kidney Issues | | |  |  |
| 🞎 Asthma | 🞎 Hepatitis | 🞎 Stomach Ulcer | | |  |  |
| 🞎 Tuberculosis | 🞎 Hay Fever | 🞎 Varicose Veins | | |  |  |
| 🞎 Chemical Allergy – *please specify what chemical/s* | | | | |  |  |
| 🞎 Medication Allergy – *please specify what medication/s* | | | | |  |  |
| 🞎 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:   1. You fully understand the contents of the document; 2. 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; 3. 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; 4. All the information you have provided on this form is true, accurate and complete; 5. 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***](mailto:jobs@fletchint.com.au) ***or drop it in to our Gatehouse***