 

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU SEEKING: FULL TIME WORK 

 PART TIME  CASUAL 

# PERSONAL DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| SURNAME: |  | FIRST NAMES: |  |
|  |  |  |  |
| DATE OF BIRTH: |  | MALE/FEMALE: | TITLE: MR/MRS/MS/OTHER |
|  |  |  |  |
| ADDRESS: |  |  |  |
|  |  |  |  |
|  |  | P/CODE: |  |
|  |  |  |  |
| TELEPHONE:  |  EMAIL: |  |  |
|  |  |  |  |
| ARE YOU AN AUSTRALIAN RESIDENT: Y/N |  |

**AS AN ESSENTIAL SERVICE BUSINESS YOU MUST BE FULLY VACCINATED FOR COVID 19 INCLUDING BOOSTERS AS ADVISED, A COPY OF YOUR CERTIFICATE IS TO BE ATTACHED.**

DO YOU HAVE A VALID WORK VISA: Y/N

**YOU WILL NEED TO PROVIDE PROOF OF AUSTRALIAN RESIDENCY BY EITHER A BIRTH CERTIFICATE, CITIZENSHIP OR PASSPORT; or**

 **IF YOU HAVE A VISA, A COPY OF VISA & PASSPORT IS TO BE PROVIDED.**

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| **TRADE OR OTHER QUALIFICATIONS:** |
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##### DO YOU HAVE A CURRENT DRIVERS LICENSE? YES/NO

##### If yes CLASS\_\_\_\_\_\_\_ OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (eg forklift)

1. **WHAT HOURS/DAYS OF WORK ARE YOU AVAILABLE?**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **HAVE YOU CLAIMED WORKERS COMPENSATION OVER**

##### THE PAST FOUR YEARS? YES/NO

If yes please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 79

Workers Compensation and Rehabilitation Act 1981 (WA) or appropriate sections in relevant States if applicable. Where it is

approved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation

for a disability, wilfully and falsely represented himself as not having previously suffered from the disability, a dispute

resolution body may in its discretion refuse to award compensation which otherwise would be payable.

1. **DO YOU SUFFER FROM SKIN IRRITATIONS, (eg: DERMATITIS, PSORIASIS, ECZEMA) YES/NO**

If yes please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **DO YOU SUFFER FROM ASTHMA OR RESPIRATORY ILLNESS’S YES/NO**

If yes please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. TO THE BEST OF YOUR KNOWLEDGE, ARE YOU OF SOUND HEALTH? YES/NO

**PERSONAL AMBITIONS AND ACHIEVEMENTS:**

What type of work do you find the most interesting?

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|  |

What type of work do you find least satisfying?

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| --- |
|  |

What do you feel are your greatest strengths?

|  |
| --- |
|  |

What do you consider to be your weaker points?

|  |
| --- |
|  |

**I DECLARE THAT I DO NOT HAVE, AND WILL NOT HAVE ANY AVIAN SPECIES,(INCLUDING CHICKENS, DUCKS, GEESE OR ANY AVAIRY TYPE BIRDS), OR PIGS AT MY PLACE OF RESIDENCE WHILST EMPLOYEED WITH AAA EGG COMPANY PTY LTD. I WILL ABIDE BY AAA EGG COMPANY’S BIOSECURITY POLICY.**

### I DECLARE THAT ALL THE DETAILS I HAVE PROVIDED ARE TRUE AND CORRECT AND THAT I HAVE READ THE ADVICE SECTION 79. IF ENGAGED, I UNDERSTAND THAT PROVIDING FALSE INFORMATION OR WITHHOLDING OF SAME CAN LEAD TO TERMINATION OF MY EMPLOYMENT. I UNDERTAKE TO COMPLY WITH THE COMPANY SET STANDARDS OF CLOTHING AND FOOTWEAR AND TO OBSERVE ALL COMPANY AND STATUTORY SAFETY REGULATIONS.

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_