| | APPLICATION FOR EMPLOYMENT | SAF-FRM-XX |
|---|---|---|

***Application Date:*** / /

## APPLICANT'S DETAILS

| | | | |
|---|---|---|---|
| Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other: _____ | | | |
| Surname: | | First Name/s: | |
| Date of Birth: | / / | Sex: | Male ☐ Female ☐ |
| Address: | | Town/ Suburb: | |
| State: | | Post Code: | |
| Postal Address: | | | *(If different to the address above)* |
| Contact Numbers: | Home: | Mobile: | Email: |

| | |
|---|---|
| Do you have any difficulty in reading or writing in English? | Yes ☐ No ☐ |
| Do you require a translator? Yes ☐ No ☐ | Preferred Language: |

| | | | |
|---|---|---|---|
| Country of Birth: | | Nationality: | |
| Are you an Australian Citizen? Yes ☐ No ☐ | | | |
| If "No" Visa Status/ Type: | Temporary ☐ Permanent ☐ | First/ Second Visa: | |
| Visa Number: | | Expiry Date: | |
| ***Visa holders: You must bring a printed copy of your passport if you are requested to attend for an interview.*** | | | |

## EMERGENCY CONTACT

| | | | |
|---|---|---|---|
| Name: | | Relationship: | |
| Address: | | | |
| Contact Numbers: | Home: | Work: | Mobile: |

| | | | |
|---|---|---|---|
| Doctor/ Family GP: | Name: | Contact No: | |
| Address: | | | |

## POSITION APPLIED FOR

| | | | |
|---|---|---|---|
| Position: | | Department: | |
| Type | Full Time ☐ | Part-time ☐ | Casual ☐ |

## LICENCES, SKILLS AND QUALIFICATIONS

| | |
|---|---|
| Highest Educational Level Achieved: | |
| Trade Qualifications: | |
| Certificates/ Licences: *(I.e. High Risk Licence - Forklift)* | |
| Other Skills/Training/ Competencies relevant to position: | |

***Printed copies of your certificates, licences and other qualifications must be provided at the time of interview.***

I certify that the above information is true and correct. Signed: _____date: ____/____/___

**EXPERIENCE**

| |
|---|
| Have you worked in the meat processing industry before? Yes ☐ No ☐ |
| If 'Yes' please provide details of where you worked and the type of duties, you performed? |
| Have you been employed at this company before? Yes ☐ No ☐ |
| If 'Yes' please give explanation as to why your employment ended? |
| If you have answered 'No', please explain why you are interested in working for Craig Mostyn Group? |

**EMPLOYMENT HISTORY (Last 3 positions)**

| | | | |
|---|---|---|---|
| 1.Employer: | | Position Held: | |
| Commenced; | | Ceased: | |
| Reason for Leaving? | | | |
| Referee: | Name: | Position: | |
| Contact No. | Work: | Mobile: | Email: |

| | | | |
|---|---|---|---|
| 2.Employer: | | Position Held: | |
| Commenced: | | Ceased: | |
| Reason for Leaving? | | | |
| Referee: | Name: | Position: | |
| Contact No. | Work: | Mobile: | Email: |

| | | | |
|---|---|---|---|
| 3.Employer: | | Position Held: | |
| Commenced: | | Ceased: | |
| Reason for Leaving? | | | |
| Referee: | Name: | Position: | |
| Contact No. | Work: | Mobile: | Email: |
| Do you consent to you previous employers being contacted? | | Yes ☐ No ☐ Initials: ____ | |

| |
|---|
| Have you been convicted of a criminal offence in the past 5 years? Yes ☐ No ☐ |
| If 'Yes' please provide details: |

I certify that the above information is true and correct. Signed: _____date: ____/____/___

In order to ensure you are fit and capable of working in a safe and healthy manner, and able to perform the required work tasks, please complete all sections below and provide full details where required:

**MEDICAL HISTORY:**

*IMPORTANT NOTE – Under the Workers Compensation and Injury Management Act (WA) 1981 Section 79 "Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he/she claims compensation for a disability, wilfully and falsely represented themselves as not having previously suffered from a disability, a dispute resolution body may in its discretion refuse to award compensation which otherwise would be payable."*

*Have you ever had or received treatment or medical advice for the following?*

| | | | | | |
|---|---|---|---|---|---|
| 1 | Heart problems including heart attack, angina or heart surgery | Yes ☐ No ☐ | 20 | Arthritis / rheumatism of any joint | Yes ☐ No ☐ |
| 2 | High Blood Pressure | Yes ☐ No ☐ | 21 | Repetitive Strain or overuse injury | Yes ☐ No ☐ |
| 3 | Blood disorders – anaemia, excessive bleeding or bruising | Yes ☐ No ☐ | 22 | Hernia | Yes ☐ No ☐ |
| 4 | Lung or breathing problems | Yes ☐ No ☐ | 23 | Back, neck or spinal problems | Yes ☐ No ☐ |
| 5 | Asthma, hay fever or allergies | Yes ☐ No ☐ | 24 | Joint problems, fractures or dislocations | Yes ☐ No ☐ |
| 6 | Liver problems or hepatitis | Yes ☐ No ☐ | 25 | Malaria or tropical diseases | Yes ☐ No ☐ |
| 7 | Stomach problems or ulcers? | Yes ☐ No ☐ | 26 | Injury from a motor vehicle accident | Yes ☐ No ☐ |
| 8 | Kidney or bladder problems | Yes ☐ No ☐ | 27 | Injury from sporting activities | Yes ☐ No ☐ |
| 9 | Epilepsy, seizures, fits or blackouts | Yes ☐ No ☐ | 28 | Other (please state below) | Yes ☐ No ☐ |
| 10 | Anxiety or depression | Yes ☐ No ☐ | 29 | Are you currently taking any medication | Yes ☐ No ☐ |
| 11 | Other mental health illness | Yes ☐ No ☐ | 30 | Have you ever undergone an operation? | Yes ☐ No ☐ |
| 12 | Migraines or persistent headaches | Yes ☐ No ☐ | 31 | Have you ever had any Workers Compensation claim or any work related injury / illness | Yes ☐ No ☐ |
| 13 | Sleep disorders | Yes ☐ No ☐ | 32 | Do you have a current worker's compensation claim | Yes ☐ No ☐ |
| 14 | Cancers or other tumours | Yes ☐ No ☐ | 33 | Have you had any time off in the last 12 months due to any injury or illness | Yes ☐ No ☐ |
| 15 | Poor eyesight or hearing | Yes ☐ No ☐ | 34 | Are you currently being treated by a Doctor, Physiotherapist or Chiropractor for any injury or illness | Yes ☐ No ☐ |
| 16 | Diabetes | Yes ☐ No ☐ | 35 | Is there a family history of any medical condition | Yes ☐ No ☐ |
| 17 | Skin disorders / dermatitis | Yes ☐ No ☐ | 36 | Have you ever been refused life or disability insurance, military service or employment | Yes ☐ No ☐ |
| 18 | Head injury / concussion | Yes ☐ No ☐ | | | |
| 19 | Clots of leg or lung? | Yes ☐ No ☐ | | | |

I certify that the above information is true and correct. Signed: _____ date: ___/___/___

## MEDICAL HISTORY CONTINUED:

| | | |
|---|---|---|
| **37** | Do you drink alcohol?<br>If yes, please list weekly amount: ..... And type: ..... | Yes ☐ No ☐ |
| **38** | Do you smoke?<br>If yes, please list daily intake: ..... Age when started: ..... | Yes ☐ No ☐ |
| **39** | Do you take illicit or recreational drugs? | Yes ☐ No ☐ |
| **40** | Do you engage in regular sport/ physical activity?<br>If yes, what type: ..... How often: ..... | Yes ☐ No ☐ |

***Do you have any difficulty with the following?***

| | | | | | |
|---|---|---|---|---|---|
| **41** | Working in hot or cold conditions | Yes ☐ No ☐ | **52** | Twisting | Yes ☐ No ☐ |
| **42** | Frequent kneeling or squatting | Yes ☐ No ☐ | **53** | Forceful movement of hands/ wrists? | Yes ☐ No ☐ |
| **43** | Frequent bending or stooping | Yes ☐ No ☐ | **54** | Repetitive movement of shoulders, arms, hands or wrists | Yes ☐ No ☐ |
| **44** | Standing for 2 hours | Yes ☐ No ☐ | **55** | Repetitive work above shoulder height | Yes ☐ No ☐ |
| **45** | Sitting for 2 hours | Yes ☐ No ☐ | **56** | Shift work / sleep | Yes ☐ No ☐ |
| **46** | Frequent pushing or pulling | Yes ☐ No ☐ | **57** | Differentiating between colours | Yes ☐ No ☐ |
| **47** | Lifting and carrying | Yes ☐ No ☐ | **58** | Hearing a normal conversation | Yes ☐ No ☐ |
| **48** | Frequent forceful gripping | Yes ☐ No ☐ | **59** | Working at heights | Yes ☐ No ☐ |
| **49** | Wearing of Personal Protective Clothing and Equipment (PPE) | Yes ☐ No ☐ | **60** | Working in confined spaces | Yes ☐ No ☐ |

I certify that the above information is true and correct. Signed: _____date: ____/____/___

***If you have ticked YES to ANY of the above questions, please provide full details below, including relevant dates:***

| *Item #* | *Relevant date* | *Injury / illness* | *Treatment given* | *Any ongoing issues?* |
|---|---|---|---|---|
| *E.g. Item 20* | *April – May 2009* | *Concussion – playing soccer* | *Rest and painkillers* | *None* |
| | | | | |
| | | | | |
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| | | | | |

## PRE-EMPLOYMENT MEDICAL

You may be required to undergo a pre-employment medical. The medical will be conducted by a medical provider nominated by the Company who will examine your fitness for the position that you have applied for.

Do you agree to undertake a pre- employment medical? Yes ☐ No ☐

## DRUGS AND ALCOHOL

**Please read the below carefully.**

If you are employed by Craig Mostyn Group, you will be offered a position subject to undertaking a Drug and Alcohol test. The Drug and Alcohol test will be conducted by a medical provider nominated by the Company and at the cost of the company.

Please be advised that if you provide a non-negative test result, the company has the right to refuse your application.

It will be a condition of your employment that you undergo further drug and alcohol testing, at the direction and discretion of the company.

Do you understand the above? Yes ☐ No ☐

Do you consent to a drug and alcohol testing? Yes ☐ No ☐

## DECLARATION

I hereby certify that all information and the answers that I have provided are true and correct to the best of my knowledge and I understand and agree that:

- Craig Mostyn Group reserves the right to verify all information, and that any false or deliberately misleading statement will be sufficient cause for my rejection as an applicant, or my dismissal if hired.
- That I may also be required to undergo drug and alcohol testing during my employment and on termination.
- That I understand that if have willfully and falsely represented myself as not having previously suffered from a disability that a dispute resolution body may in its discretion refuse to award Workers' Compensation.

**Applicant's Signature:** _____ **Date:** ____/____/__

Please note: that this application will be held on file for a period of 3 months. If you are shortlisted in this time for any position you will be contacted. If you have not heard from the employment officer before, during and or after this period you may choose to lodge another application.

Craig Mostyn Group does not send out letters to advise that you were unsuccessful.

*At no time is Craig Mostyn Group obliged to offer you employment because you have completed this application.*

**IMPORTANT: Photographic Identification such as a current Australian Driver's License, High Risk Work License, WA Government issued Photo Card or a valid Passport must be provided at the time of interview for the purpose of verifying your identity and right to work.**