



FAGG'S GEELONG PTY. LTD. ACN 130 782 802

APPLICATION FOR EMPLOYMENT

EMPLOYMENT POLICY

All our personnel policies and practices are directed towards achieving equal employment opportunities for all employees or prospective employees.

Please complete this form in our own handwriting

FULL NAME:

ADDRESS:P/C

DATE OF BIRTH:(OPTIONAL) EMAIL:

PHONE NUMBERS: HOME: BH:..... Mobile:.....

NEXT OF KIN:.....RELATIONSHIP TO APPLICANT:.....

ADDRESS:

CONTACT TELEPHONE NUMBERS: HOME: BHMOBILE:.....

ARE YOU LEGALLY ENTITLED TO WORK IN AUSTRALIA? **YES / NO**

ARE YOU A LICENSED DRIVER? **YES / NO** LICENCE NUMBER: :..... TYPE OF LICENCE:.....

DO YOU HAVE A FORKLIFT LICENCE? **YES / NO** LICENCE NUMBER:

Please attach photocopy of licence/s

LANGUAGES SPOKEN FLUENTLY (OTHER THAN ENGLISH):

EDUCATION

<i>Institution Last Attended</i>	<i>Year/s Attended</i>	<i>Highest Level Attained</i>	<i>Subjects Passed</i>

OTHER QUALIFICATIONS, CERTIFICATES, SPECIAL SKILLS, TRAINING ETC.

Eg.: Ticket Writing, Wood Craft, Gardening etc. Certificates or special skills.....

.....

EMPLOYMENT HISTORY

<i>Name of Employer</i>	<i>Period of Employment</i>	<i>Position</i>	<i>Reason for Leaving</i>

-2-

Have you ever been convicted of a criminal offence inc. traffic / driving offences? **YES / NO**

If **Yes**, please provide details

MEDICAL HISTORY

Do you have any medical condition, disability or impairment which would restrict you from fully performing the tasks associated with the position you have applied for? **YES / NO**

Have you ever suffered any back or neck injury or strain? **YES / NO**

If you have answered **Yes** to any of the above questions, please provide details:

.....

Do you smoke: **YES / NO** What is your general state of health?

Are you prepared to undertake a paid medical examination prior to being offered employment? **YES / NO**

Have you received Workers' Compensation for any injury during the past five years? **YES / NO**

If **Yes**, please complete the following information:

<i>Date & Nature of Injury</i>	<i>Employer</i>	<i>Period of Compensation</i>

Note: Any information disclosed herein in relation to Workers' Compensation will not preclude any applicant from equal consideration.

Are you related to anyone presently employed by the company? **YES / NO**

If **Yes**, whom?

MEMBERSHIP OF CLUBS, COMMUNITY ORGANISATIONS ETC.		
<i>Name of Organisation</i>	<i>Main Activity</i>	<i>Official Position held (if any)</i>

OTHER INTERESTS AND ACTIVITIES:

Please tell us about your main activities, sports, interests or hobbies

.....

PLEASE NOMINATE THREE REFEREES

<i>Name & Address</i>	<i>Position/Business</i>	<i>Is Referee a Relation?</i>	<i>Relationship</i>	<i>Contact Telephone No.</i>

DECLARATION:

1. I understand that any offer of employment by the Company is based on the accuracy of the statements contained in this application and I declare that to the best of my knowledge, the information is correct. I further understand that any false statement will be sufficient reason for review of any employment I accept and potentially my dismissal from such employment.
2. I understand that the information supplied in this application is confidential and will not be divulged without my expressed consent, except that I grant permission to contact previous employers & referees regarding employment history, performance and character.
3. I understand and agree that as part of this application being actioned, a police check may be required.
4. I understand that wages payment is made by Electronic Funds Transfer.
5. I agree not to smoke on company premises (except in a designated area) and in company vehicles.
6. I agree to wear uniforms as per Company policy.
7. I agree to abide by and follow all Company policies, regulations and procedures that may be issued from time to time.
8. I agree to use such safety equipment or to carry out my tasks in a safe manner as required by law or by the Company at all times.
9. I understand that I will, upon request, present any baggage and/or personal receptacles for inspection by a senior staff member or designated person prior to departure from Company premises at any time.
10. I agree that the first six months of my employment is probationary and can be terminated without reason at any stage in that time.
11. I understand that attendance at staff meetings, training, etc. may be required from time to time.
12. I agree to make myself available to undertake a reasonable amount of overtime which will include weekend and public holiday rosters.
13. Upon termination of employment, I hereby authorise Fagg's Geelong Pty. Ltd. to deduct from my final payment any monies I owe to the Company.

SIGNATURE **DATE**

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What special skills, strengths and characteristics do you believe you will bring to this position?

.....

.....

.....

2. What do you believe are your weaknesses in relation to this position?

.....

.....

3. What do you believe is involved in providing excellent Customer Service?

.....

.....

.....

4. What does 'Teamwork' mean to you?

.....

.....

NB: You are welcome to attach a Resume and other relevant documents (not originals please). Also, please feel free to expand on your answers on a separate sheet.