



## EMPLOYMENT APPLICATION

Note: This form does not constitute an offer of employment

### Confidential Information

#### PERSONAL DETAILS

Surname:..... First Names:.....  
 Address:.....  
 ..... Postcode:..... Phone No. ( ).....  
 ..... Mobile No. ....  
 Emergency Contact Person:.....  
 (Name) (Relationship to you) (Phone &/or Mobile)

Have you worked here before? Yes  No   
 Previous Name (If applicable): .....  
 Department:..... Tasks .....  
 Employed from: ...../...../.....to...../...../.....  
 Reason for leaving:.....

#### QUALIFICATIONS

Your level of education (eg. Yr 10):..... School/Uni/College:.....  
 ..... Year Completed (eg. 1997):.....  
 Drivers Licence: Yes / No / Learners Forklift Licence: Yes / No  
 TAFE or Traineeship courses completed:.....  
 Other Licences/Tickets/certificates of competency:.....  
 Trades and associated qualifications:.....  
 Special skills/Experience and other qualifications:.....

#### EMPLOYMENT HISTORY

**All sections must be completed, DO NOT WRITE "SEE RESUME"** (Must cover your most recent employment):

1. **Current** Employer:.....  
 Address.....  
 ..... Postcode..... Phone No: ( ).....  
 Employment from: ...../...../.....to...../...../..... Position Held.....  
 Name of Supervisor/Referee:.....  
 Description of duties performed:.....  
 .....



2. **Previous Employer:**.....  
 Address.....  
 ..... Postcode..... Phone No: ( ).....  
 Employment from: ...../...../.....to...../...../..... Position Held.....  
 Name of Supervisor/Referee:.....  
 Description of duties performed:.....  
 .....  
 Reason for leaving:.....

3. **Previous Employer:**.....  
 Address.....  
 ..... Postcode..... Phone No: ( ).....  
 Employment from: ...../...../.....to...../...../..... Position Held.....  
 Name of Supervisor/ Referee:.....  
 Description of duties performed:.....  
 .....  
 Reason for leaving:.....

**INDICATE THE TYPE OF WORK THAT YOU SEEK TO PERFORM** (in order of preference):

**Egg Packing Floor**

- Packing product
- Cleaning
- Warehouse
- Quality Assurance
- Training
- Maintenance

**POULTRY**

- Animal Husbandry
- Animal Welfare
- Cleaning
- Maintenance

Please indicate which shifts you would be available for in order of preference, understanding that our facilities work on a 7-day roster:

- Day Shift
- Afternoon Shift

***Flexibility – Multiskilling - Diversity***  
*All employees will be required to be available to work overtime as required, to meet operational needs.*



**REFEREES** – Please give details of two work-related referees that we may contact regarding your previous work performance, reliability, conduct and physical capacity.

**First**

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Second**

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**I hereby authorise a representative of DA Hall & Co Pty Ltd to contact the above nominated referees regarding my employment with them. Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

**MEDICAL HISTORY** – *This information remains confidential and may assist medical personnel in an emergency situation.*

Please provide details of any injuries, illnesses, operations or medical conditions that may affect your ability to carry out work duties: \_\_\_\_\_

Please provide details of any allergy or medical condition that may require urgent medical attention (eg. Asthma): \_\_\_\_\_

Are you able to safely, regularly and without pain or restricted movement - (Please tick the appropriate boxes if you **can** perform the following):

Lift more than 5kg?  Lift more than 20kg?  Twist?  Turn?  Pull?  Push?  Reach?  Bend?   
Stretch?  Stand for extended periods of time?  Concentrate for extended periods of time?

Please provide details if you are unable to perform any of the above: \_\_\_\_\_

For your safety and the safety of others, please provide details of any additional conditions that we should be aware of: \_\_\_\_\_

**To the best of my knowledge, the answers given in this Employment Application are true and correct. I understand that if I give false information, DA Hall & Co Pty Ltd may render my application invalid and if employed may result in the termination of my employment. If I am to be offered employment I am prepared to undergo a medical examination arranged and paid for by DA Hall & Co Pty Ltd.**

SIGNED:.....

DATE:...../...../.....

WITNESSED:.....

DATE:...../...../.....



## Eligibility to work for DA Hall & Co Pty Ltd:

*It is the responsibility of all businesses to employ only legal workers.*

*Legal workers are Australian citizens, permanent residents and people in Australia on valid visas that allow them to work. This includes New Zealand citizens.*

*Not everyone in Australia is allowed to work. Some Australian visas, for example some visitor visas, do not allow non-citizens to work while in Australia. People who no longer hold a valid visa are also not allowed to work in Australia*

*Since 2007 it has been a criminal offence to employ or refer for work someone who is not allowed to work in Australia.*

1. Are you a Visa holder?	YES	NO
2. What type of Visa do you have?		
3. Do you have any work restrictions, if so, please explain what they are?		
4. Do you have a current passport?	YES	NO
5. Is there any other information which will affect your employment with DA Hall & Co Pty Ltd?		
6. Do you consent for an authorised representative from DA Hall & Co Pty Ltd completing a Visa Entitlement Verification Online (VEVO) check from the details that you have provided?	YES	NO

**It is a requirement of your successful application with DA Hall & Co Pty Ltd, to present all relevant documentation to an authorised representative of DA Hall & Co Pty Ltd, a copy of your Passport and Visa will be taken and used to complete a VEVO check. On successful completion of the recruitment process, these copies will be securely placed in your Personnel file with your Application Form, if unsuccessful they will be disposed of after three months.**

**Please sign in acknowledgement of the request above, and authorise the VEVO check by DA Hall & Co Pty Ltd.**

SIGNED:.....

DATE:...../...../.....

WITNESSED:.....

DATE:...../...../.....