

Employment Application Form

Position Applied for:

Mr/Mrs/Ms/Miss Family Name: _____ Given Name: _____

Street Address: _____

Suburb: _____ Post Code: _____

Email: _____ Date of Birth: _____

Telephone Number: _____ Mobile Number _____

Details of current & previous employers (or attach resume)			
Dates (from & to)	Company	Position	Reason for leaving
Have you previously been employed by Kailis Bros. Pty Ltd? Yes / No			
Referee Details (if not on resume)			
Referee Name & Position	Company	Contact Number	
Details of any Qualifications, Certificates or Training (if not on resume)			
Date	Type	Training Institute	

IMPORTANT

The information you provide will be treated as strictly confidential and will be considered only in relation to the job for which you are applying.

I declare that the information I am giving is to the best of my ability, true and correct in every detail. I also acknowledge that a deliberate false answer may lead to instant dismissal should I be employed.

- I hereby agree to undertake a Pre-Employment medical with Drug and Alcohol test at the clinic of Kailis Bros. choosing.
- I understand and agree that if I give less than 24 hours' notice of cancellation the cost of the Pre-Employment Medical and Drug & Alcohol screen will be charged to me.
- I understand and agree that if I leave Kailis Bros. employ within 12 months the cost of the Pre-Employment Medical and Drug & Alcohol screen will be deducted from my final pay.

Applicants Signature _____

Date _____

MEDICAL

Pursuant to Section 79 of the Workers Compensation and Injury Management Act 1981 failure to disclose any relevant information relating to your health or prior Workers Compensation claims may impact upon any future Workers Compensation claims.

Candidate to Complete: (Please circle your answer, these may be discussed further)			If Yes, please explain
Are you required to take medication that may affect your work performance?	Yes	No	
Are you required to take medication that may affect your attendance at work?	Yes	No	
Have you had time off work in the last year for illness or injury?	Yes	No	
Are you currently being treated by a doctor for any illness or injury?	Yes	No	
Have you had any injury or illness that may impact on your ability to do the job?	Yes	No	
Have you ever had a Workers' Compensation claim or any work related illness or injury?	Yes	No	
Do you or have you ever had back, neck, shoulder, knee or joint problems?	Yes	No	
Do you or have you had any muscular or repetitive strain injuries?	Yes	No	
Is there any reason why you cannot wear safety or protective equipment?	Yes	No	
Have you had a Tetanus injection in the last ten years?	Yes	No	
Have you ever been refused Life Insurance, Disability Insurance or Military Service?	Yes	No	
Are you affected by heights or confined spaces?	Yes	No	
Are you affected by working in cold environments?	Yes	No	
Do you smoke cigarettes?	Yes	No	
Have you had illicit drugs within the last 3 months?	Yes	No	
Do you have any known allergies?	Yes	No	

Place an X in the box beside each activity with which you have difficulty

- | | | |
|--|---|--|
| <input type="checkbox"/> Running 100 metres | <input type="checkbox"/> Climbing a ladder | <input type="checkbox"/> Walking on rough ground |
| <input type="checkbox"/> Crouching | <input type="checkbox"/> Kneeling | <input type="checkbox"/> Sitting for two hours |
| <input type="checkbox"/> Standing for two hours | <input type="checkbox"/> Lifting or Bending | <input type="checkbox"/> Turning your head rapidly |
| <input type="checkbox"/> Gripping firmly with both hands | <input type="checkbox"/> Using hand tools | <input type="checkbox"/> Repetitive movements of the hands or arms |
| <input type="checkbox"/> Hearing a normal conversation | <input type="checkbox"/> Reading ordinary print | <input type="checkbox"/> Concentrating on what you are doing |
| <input type="checkbox"/> Understanding written English | <input type="checkbox"/> Understanding spoken English | |

Please comment below on those marked with an X

Licence Details

Type of Licence	Class	Licence Number	State Issued	Expiry Date
Car				
Truck				
Forklift				

Legal Entitlement to Work in Australia

By providing this information and signing this application form you authorise Kailis Bros. to obtain details of your entitlement to work in Australia from the Department of Immigration and Citizenship

Are you a permanent resident of Australia? **Yes / No**

If 'No', do you have a valid visa? **Yes / No**

Please provide the following details from your passport:

Passport Number _____ Passport Country _____

Note: You will be required to produce your Passport prior to commencement

Do you have a criminal record? **Yes / No** (If yes, provide full details)

Note: You must provide a National Police Clearance within 4 weeks of commencement with Kailis Bros. Pty Ltd

AVAILABILITY

Please indicate below the hours that you are willing to work.

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
A.M							
P.M							

Additional comments _____

Thank you for applying to Kailis Bros. for a position. We review all applications with due care and high regard. We will keep your application securely on file for a minimum of 6 months should any position arise that we feel you would be suited to.

Our Values

At Kailis Bros. we strive to provide **Our Valued Customers** with the best quality food products, friendly efficient service and competitive prices.
We aim to provide secure jobs for **Our Valued Staff** in a safe and happy environment.
We recognise the importance of **Our Valued Suppliers** in our quest for growth and success.

OFFICE USE ONLY BELOW

(To be completed if employment application successful)

Commencement date of Employment - new employees only	____/____/____
Probationary Period (3 months from commencement date) - subject to extension	____/____/____
Position Title & Grade	Title: _____ Grade: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
Department	<input type="checkbox"/> Lobster Processing <input type="checkbox"/> Lobster Live <input type="checkbox"/> Canning Vale Market <input type="checkbox"/> Office Support <input type="checkbox"/> Warehouse Catalano Rd <input type="checkbox"/> Warehouse Wittenberg Rd <input type="checkbox"/> Distribution <input type="checkbox"/> Other _____ <input type="checkbox"/> Fish Processing (location) _____
Basis of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Minimum fortnight hours _____ <input type="checkbox"/> Casual <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary until ____/____/____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night
Rate of Pay	<input type="checkbox"/> Collective Agreement <input type="checkbox"/> Salary \$_____
	<input type="checkbox"/> Alternative Remuneration Agreement – provide details _____
Leave Accrual	<input type="checkbox"/> 38 Hours <input type="checkbox"/> Variable Hours