

	Northern Co-operative Meat Company Ltd	Date Received
<h1>EMPLOYMENT APPLICATION FORM</h1>		

IMPORTANT, PLEASE READ THE FOLLOWING NOTES BEFORE COMPLETING THIS APPLICATION FORM :

- **Completion of this form is not an offer of employment** it is an application for employment listing certain details of your employment experience/qualifications for consideration.
- This application is confidential and **should be completed personally** by the applicant.
- Please mark your answers with 'x' in the to indicate "Yes or No" questions.
- All questions must be answered for your application to be considered.

Position Applied for		
Casino Plant <input type="checkbox"/>	Casino Tannery <input type="checkbox"/>	CRSM Booyong <input type="checkbox"/>

1. PERSONAL
1.1 PERSONAL DETAILS

Surname: _____ Given Names: _____
Preferred title e.g. Mr Mrs Miss Ms (please circle)
Address: _____
Postcode: _____ Telephone: (H) _____ (M) _____
Date of Birth: / /19

1.2 EMERGENCY CONTACT DETAILS

Surname: _____ Given Names: _____
Address: _____ Post Code _____
Relationship to you: _____
Telephone: (H) _____ (W) _____ (M) _____

1.3 CITIZENSHIP DETAILS

Are you an Australian Citizen?
If yes, can you produce evidence if required?
If no, what is your nationality
And, are you entitled to work in Australia
If yes, can you produce evidence of this?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. EDUCATION AND COMPETENCIES

2.1 Licences Held		Expiry date
2.2 School (Show year/grade completed)		Date Completed
2.3 Trade or Tertiary Qualifications		Date completed

3. EMPLOYMENT HISTORY

3.1 PRIOR EMPLOYMENT WITH THE NORTHERN COOPERATIVE MEAT COMPANY

Have you ever worked for the Northern Cooperative Meat Company before? If yes which department and which year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what were the reasons for your employment being terminated?	

3.2 Current or Most Recent Employer

Employer			
From		To	
Address:			
Location:		Phone:	
Position Held:			
Reasons for leaving:			

3.3 Previous Employer

Employer			
From		To	
Address:			
Location:		Phone:	
Position Held:			
Reasons for leaving:			

3.4 Previous Employer

Employer			
From		To	
Address:			
Location:		Phone:	
Position Held:			
Reasons for leaving:			

4. SECONDARY EMPLOYMENT

4.1 Do you have any secondary employment	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.2 If so, please provide details	

5. REFEREES**Provide details of three CONTACTABLE referees (not relatives)**

Name & Company	Position	Telephone

6. GENERAL

6.1 Are you prepared to work shifts, if requested to do so?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:
6.2 Are you prepared to work overtime if required?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:
6.3 Are you prepared to abide by all Safety and Hygiene Rules?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:
6.4 Do you have any health problems or medical condition that may affect your ability to perform the requirements of this position?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please detail if yes:
6.5 Have you had any major illnesses or accidents in the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please detail if yes:
6.6 Have you ever claimed Workers' Compensation for any reason?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please detail if yes:
6.7 Is there any additional information which you would like to include to support your application for employment?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please detail if yes:

Q FEVER INFORMATION & CONSENT

Q-Fever is an infection that can result from contact with the body fluids of infected animals. This can occur even though the body fluids have dried into dust. Q-Fever infection normally occurs by inhalation of infected aerosols (dust or small particles in the air). The symptoms of Q-Fever are similar to the "flu". Symptoms may include any of the following, fever, chills, cough, muscle pains and severe headache. The illness lasts usually about seven (7) to fourteen (14) days.

Some patients suffer a pneumonia-like illness, a liver infection or occasionally an infection in the valves of the heart. Death from Q-Fever is very rare but may occur in the old and the sick. People working in abattoirs have the highest risk of contracting Q-Fever. After recovery, most people are immune and will not suffer symptoms of the infection again.

If you have had previous exposure to the organism causing Q-Fever (detected by blood testing), then you will not need to be vaccinated. If you have not had Q-Fever or if you are not sure, you will need to have a blood and skin test. These tests are necessary before vaccination because if you have had Q-Fever you can develop an abscess if you have the vaccine. If the skin and blood tests are both negative, then you will be required to undergo vaccination. Like all vaccines, tetanus, polio etc, you can get a reaction to the vaccine. This usually takes the form of some local tenderness and redness. You may get a headache or have some flu-like symptoms.

Please note: There is no information on the use of Q-VAX(R) in pregnancy. It is recommended that vaccination is deferred.

Before the vaccine, please answer the following questions:

- | | |
|---|--------|
| 1. Have you read and understood the above information? | YES/NO |
| 2. Are you allergic to eggs? | YES/NO |
| 3. Have you any chronic illness? | YES/NO |
| 4. Have you previously been tested or vaccinated for Q Fever | YES/NO |
| 5. Have you had Q fever before? | YES/NO |
| 6. Female applicants: are you pregnant or have reason to believe you may be? | YES/NO |

I _____ consent to undergoing:

- a) Blood test and skin test
- b) Q Fever vaccination

Print name:

Signature:

Date:

8. DECLARATION

DO NOT SIGN THIS DECLARATION UNLESS YOU CLEARLY UNDERSTAND IT. IF IN DOUBT, PLEASE CONTACT OUR HUMAN RESOURCES OFFICE ON 66600444

PLEASE ENSURE YOU HAVE ANSWERED ALL QUESTIONS.

I declare that to the best of my knowledge the answers in this Application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be considered for employment, or if I am employed, my employment will be immediately terminated.

Applicant: _____ Date: _____
(SIGNATURE) (PRINT NAME)

Witness: _____ Date: _____
(SIGNATURE) (PRINT NAME)

OFFICE USE - ONLY

	Initial and date
Application reviewed	
Applicant interviewed	
Medical conducted	
References Checked	
Applicant employed if successful	
Applicant advised if unsuccessful	
Comments:	