



EMPLOYMENT APPLICATION FORM

This standard application form must be completed fully and as accurately as possible. It is essential for the processing of your application for employment that all questions are answered. Should you be successful in gaining employment with us, our policy is that all employees are required to serve a minimum probationary period of three (3) months. Each applicant must accept that no guarantee of employment is given by the completion of this form. The information on this form will be used for employment purposes only. We will not use nor disclose this information for any other purpose without your written consent.

PLEASE PRINT CLEARLY – BLOCK LETTERS

POSITION APPLIED FOR: _____

Permanent: _____ Casual: _____ I am 19 years or older: Yes No (circle)
If no, please specify age _____

1. PERSONAL DETAILS:

Surname: _____ First Name: _____
Title: Mr/Mrs/Miss/Ms/ _____

Current Address: _____ P/Code: _____

Postal Address: _____ P/Code: _____

Date of Birth: ___/___/___ (optional) Phone - AH: _____

Mobile Phone: _____ Email Address: _____

Driver's License: _____ Class _____ State _____

Are you legally entitled to work in Australia? No Yes Australian Citizen? No Yes

If yes, do you have any work restrictions? No Yes ;Please specify: _____

2. EMPLOYMENT HISTORY (INCLUDING CURRENT EMPLOYMENT)

PERIOD FROM TO	EMPLOYER	POSITION HELD	DESCRIPTION OF DUTIES	REASON/S FOR LEAVING
From: to:				
From: to:				
From: to:				

3. Education

Highest grade level obtained: _____ Certificates: _____
For any Lead or Managerial Position - Please attach Resume, recent work references and other documentation to support your application including relevant certificates and academic transcript. Please do not attach original copies. We will not take responsibility for any lost documents.

4. Do you have any physical condition that may affect your ability to carry out the duties of this position? If so please give details (please circle and answer each question).

- a) Back? No Yes, please specify _____

- b) Neck? No Yes, please specify _____

- c) Other? No Yes, please specify _____

5. Have you previously taken or are you currently taking medication that could affect your work performance in line with the relevant duties and responsibilities statement? No Yes; If yes, please specify _____

6. Have you ever sustained an injury whilst previously employed? No or Yes (circle)
 If yes, would this injury affect your ability to carry out the duties of this position in any way? No Yes ; If yes, please specify _____

7. Do you have a health problem, disability, serious illness, impairment or handicap which could affect your work performance in line with the relevant duties and responsibilities?

No Yes ; If yes, please give details. _____

Other, please specify _____

8. Have you previously applied for a position or worked at SuperPak, Avocado Ridge, Sunfresh or PrimeOrchards? No Yes ; please specify _____

9. Do you have a current Fork Lift ticket? No Yes ; please supply copy.

10. Do you have a current Chemical Accreditation Cert? No Yes ; please supply copy.

11. Do you have a current First Aid Certificate? No Yes ; please supply copy.

12. Give details of any interests, activities or special skills which may support your application.

13. Please provide the name, organisation and phone number of at least two work related referees, including your most recent supervisors/managers, from whom we may obtain further information about your application. *Please note, referee checks may be conducted at any point during the application process.*

Name	Title	Organisation	Phone No.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

14. In which publication or medium did you see the job(s) advertised?
 Notice Board - Newspaper - Website - Friends/Family/Organisation - Others; please specify

DECLARATION BY APPLICANT

I declare

a) that the answers to this application are, to the best of my knowledge, true and correct in every way.

b) that if my application for employment is successful I will be bound by, and will at all times observe and respect, such terms and conditions of my employment and such policies and rules as may from time to time be promulgated, specified or otherwise stipulated by my employer.

c) that I understand that any erroneous or false declarations made by me in this application may result in disciplinary action or possible dismissal.

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

To be completed upon appointment:

Appointed Employee Details for _____

Contact Person in case of emergency: _____ Phone: _____

Bank Details: Bank Name: _____ Branch Name: _____

BSB Branch No: ___ - ___ Account No: _____

Account Name: _____
(Please attach proof of bank account details)

Superannuation: _____

Staff Signature: _____ Date: ___/___/___

OFFICE USE ONLY

- * Resume
- * 2 x Identifications
- * Forklift/Chem/Other Certificate completed ___/___/___ type: _____
- * Referee Checks
- * Interview Questions
- * Academic Transcript of Records
- * Code of Conduct
- * Super Choice
- * Signed Letter of Employment
- * Employment Declaration Form (Tax)
- * Proof of Bank Account Details
- * Staff Handbook
- * Staff Evaluation (permanent staff)
- * Staff Induction Checklist (permanent staff)

Interviewed by: _____ Date: ___/___/___

Approved by: _____ Date: ___/___/___

START DATE: _____

Finance Use Only

Empl. No: _____
Entered by: _____
Checked by: _____
Authorised by: _____

TO SUBMIT THIS APPLICATION, Please mail or email to:

Prime Orchards Pty Ltd
35 Morrisons Road
Childers, Queensland 4660

Telephone: 07 4126 1174 or 07 5315 5008
Fax: 07 4126 6955

Email: jim@primeorchards.com.au