



Employment Application Form

Date of Application:.....

Please complete ALL FOUR (4) pages of this application

What job are you applying for? (Please tick relevant box)

Tractor Driver	<input type="checkbox"/>	Clerical	<input type="checkbox"/>	Processing Hand	<input type="checkbox"/>
Farm Hand	<input type="checkbox"/>	Nursery Hand	<input type="checkbox"/>	Other – specify	<input type="checkbox"/>

I am available to commence work on

Please note: The following information is to be used for internal company purposes only & will not be disclosed to any person or body, Government or non-Government, except on the authority of the applicant or as required by law. Residency status, however, will be confirmed from the relevant Government authority.

Personal Details

Please print in block letters

Full Name:..... Email Address:

Address:.....Postcode:.....

Contact phone numbers: (H).....(M).....

ARE YOU AN AUSTRALIAN CITIZEN/NEW ZEALAND PERMANENT RESIDENT? YES NO

If no – Do you have a valid working VISA to work in Australia? YES NO

Languages Spoken:

English

Vietnamese

Greek

Italian

Albanian

Cambodian

Other.....

Languages Read:

English

Vietnamese

Greek

Italian

Albanian

Cambodian

Other

Languages Written:

English

Vietnamese

Greek

Italian

Albanian

Cambodian

Other

Licences

DO YOU HAVE A CURRENT AUSTRALIAN DRIVERS LICENCE? YES NO

If **YES**, please provide details below

Licence No: Class:Date of Issue:.....Expiry Date:

*Attach photocopy of licence **If applying for a DRIVING position - attach photocopy of licence, conviction summary sheet or driving record to be obtained from the relevant authority. (e.g. Vicroads, RTA)

DO YOU HOLD ANY OTHER TYPE OF LICENCE OR ACCREDITATION? YES NO

e.g. forklift, dangerous goods. *Attach photocopy of licence

If **YES**, please provide details:



Educational History

Qualifications: (include all applicable trade, tertiary and secondary studies)

Year:

Copy for file:

_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

(provide original Trade Certificates to us for copying and verification)

Employment History *If you have provided this information in your resume do not complete this section.

Please list the last 3 places of employment, with the most recent first:

Employer & Suburb	Dates of employment	Position	Duties	Reason for leaving	Name of person reported to

Work References *If you have provided this information is included there is no need to complete this section

Contact's Name	Company Name	Company Address	Contact Relationship	Contact Number

Pre-existing injury/condition

DO YOU HAVE ANY PRE-EXISTING INJURIES THAT WILL AFFECT YOU CARRYING OUT THE DUTIES REQUIRED IN THIS POSITION? YES NO

If YES, please provide details below:

.....

.....

.....

Criminal History

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENCE WITHIN THE LAST 10 YEARS? YES NO

If YES, give details of each offence:

.....

.....

.....



THE COMPLETION OF THE REQUIREMENTS IN THIS APPLICATION DOES NOT MEAN OR IMPLY THAT AN OFFER OF EMPLOYMENT HAS BEEN MADE

PLEASE READ EACH OF THE POINTS SET OUT BELOW

If I am to be employed by Coolibah herbs I understand the following TERMS AND CONDITION FOR EMPLOYMENT will apply

- 1. I understand that any appointment is conditional on the Company's nominated Medical Officer and Physiotherapist certifying me physically fit to perform the tasks associated with my employment with this Company as set out in the attached job description/s. The cost of these examinations will be met by Coolibah Herbs
2. I agree to provide for verification purposes, a relevant identity or work visa document, if requested to do so.
3. I agree to abide by all safety and work regulations and instructions.
4. I am prepared to wear, and maintain, any clothing, footwear or safety equipment that may be supplied by the Company.
5. I am prepared to attend all training courses as decided by the Company.
6. Company policy is that alcohol and/or illicit drugs are not to be consumed between the commencement hours and finishing hours on any working day, including the times designated as unpaid meal breaks.
7. If, for any reason, my driving and/or any other licence is suspended or cancelled whilst employed in a position requiring me to have the licence, I agree to inform the Company within 24 hours.
In the case of a driver/operator OR Market Customer Service Officer classification of employment, I understand that failure to do so is a dismissible offence. Employment may be terminated for loss of licence.
8. I agree to allow a company representative to search my personal locker, vehicle, parcel or any receptacle in my possession or control while I am on company property or on the property of a customer. A witness shall accompany the company representative.
9. I understand that I am to be employed initially as a on a (CASUAL/ PERMANENT/ FIXED TERM/ PART-TIME) basis with the first six months of employment on a probationary basis and that I may be required to work or be transferred to other work areas at the discretion of the Company and acknowledge that the rate of wage applicable to the relevant work shall apply.
10. I understand that any offer of appointment is based on accuracy of information contained in this application.
11. I agree to abide by all Company Rules and Policies and the Coolibah Herbs Certified Agreement 2005, as published.
12. ABANDONMENT OF EMPLOYMENT; in the case of a failure to attend work without notifying the Company of the reasons for your absence and expected duration of the absence, and without the Company's authorisation for three days or more, shall mean that the Company may treat the absence as a repudiation of the employment contract, in which case your employment with the Company will be deemed terminated.

To the best of my knowledge, the information supplied is accurate and true. I note that my employment may be terminated if any statement is found to be incorrect after employment has commenced. I understand that I am to be employed initially on a six month trial basis and that during the six month trial basis my employment may be terminated with one day's notice, if my work performance is unsatisfactory or if I am deemed unsuitable or unskilled for the job I have been employed to perform. I consent to the Company carrying out reference and verification checks that may be necessary to support this application. I release any firm, or person from liability in respect to the information given.

APPLICANT'S SIGNATURE: DATE.....

Witnessed: Name & Position:

**Please complete the last page



IMMIGRATION STATUS FORM

Name Address

1. Which of the following categories describes your current Immigration status?

- Australian or New Zealand Citizen
- Australian Permanent Resident
- Foreign National, with permission to work

Signed Date

2. What documents have you produced to verify your Immigration status? (tick as appropriate)

- Australian Birth Certificate (No:)
- Australian Citizenship Certificate (No:)
- Australian or New Zealand passport (No:)
- Evidence of resident status
- A foreign passport that contains evidence of your permission to work (No:)

PLEASE MAIL COMPLETED FORM TO:

Coolibah Herbs HR Manager
PO Box 1111
Pearcedale
VIC 3912

Or

SCAN & EMAIL TO:

hr@coolibah.com.au