

EMPLOYMENT APPLICATION FORM



EMPLOYEE DETAILS:

SURNAME:		FIRST NAME:	
PREFERRED NAME:			
HOME PHONE:		MOBILE:	
DATE OF BIRTH:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
ADDRESS:			
EMAIL ADDRESS:			

POSITION APPLYING FOR:

Chocolate Production	<input type="checkbox"/> Trainee	<input type="checkbox"/> Chocolatier	<input type="checkbox"/> 2IC Chocolatier	<input type="checkbox"/> Head Chocolatier
Packing	<input type="checkbox"/> Team Member	<input type="checkbox"/> Supervisor		
Cafe	<input type="checkbox"/> Team Member	<input type="checkbox"/> Team Leader	<input type="checkbox"/> Chef	<input type="checkbox"/> Supervisor
Showroom	<input type="checkbox"/> Team Member	<input type="checkbox"/> Supervisor		
Administration	<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Administrator	<input type="checkbox"/> Assistant Mgr / Manager	
Groundsman / Handyman/ Cleaner	<input type="checkbox"/>			
Work Experience	<input type="checkbox"/> Production	<input type="checkbox"/> Packing	<input type="checkbox"/> Showroom	<input type="checkbox"/> Cafe

AVAILABILITY:

How many hours per week would you ideally like to work?	
Available days:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Public Holidays
What date could you start?	
Do you have any holidays booked? If yes, please specify	

RESIDENCY:

Are you an Australian Resident?	
<input type="checkbox"/> Yes, Please proceed to Physical/Health History.	<input type="checkbox"/> No, Please proceed to the next question.
Do you have a work permit OR an eligible visa that allows you to work?	
<input type="checkbox"/> Yes, Valid to _____ \ _____ \20_____.	<input type="checkbox"/> No
How many hours does your Visa allow you to work?	

TRANSPORT:

How will you get to and from work?	
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PHYSICAL / HEALTH HISTORY:

Section 79 of the *Workers Compensation & Injury Management Act 1981*.

"Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he/she claims compensation for a injury, wilfully and falsely represented themselves as not having previously suffered from the injury an arbitrator may in the arbitrator's discretion refuse to award compensation which otherwise would be payable"

Do you suffer from a complaint from any of the following, if yes please provide details:					
Back	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neck	<input type="checkbox"/> Yes <input type="checkbox"/> No	Knee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shoulder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arm	<input type="checkbox"/> Yes <input type="checkbox"/> No	Foot	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:					

Have you ever claimed for workers compensation in the past? If so, please provide details.	
How long did you require off work?	

Please specify any pre-existing medical condition and/or injuries which may effect the work you are applying for:	

Do you suffer from any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details:

Are you required to take any medication which may affect your...			
Work Performance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work Attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No

How many days have you had off from work in the past three years for illness?	
Are you willing to take a medical examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to take a drug test?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Place an X in the box beside any condition/s you have had at any time in your life.			
Blood Pressure	<input type="checkbox"/>	Lung Problems / Asthma	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	Fits / Seizures / Blackouts	<input type="checkbox"/>
Stomach problems / Ulcers	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Any joint problems / Fractures	<input type="checkbox"/>	Repetitive strain / Overuse injury	<input type="checkbox"/>
Arthritis / Rheumatism	<input type="checkbox"/>	Mental or nervous problems	<input type="checkbox"/>
Persistent headaches / migraines	<input type="checkbox"/>	Hepatitis / Jaundice / Liver trouble	<input type="checkbox"/>
Skin disorders / Dermatitis	<input type="checkbox"/>	Other, please specify	<input type="checkbox"/>
Please comment on all those marked with an X:			

CONVICTIONS:

Have you ever been convicted of a crime – either in Australia or overseas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	
You will be required to provide a Police Clearance Form within fourteen (14) days after commencing employment with the Yarra Valley Chocolaterie and Ice Creamery. Are you willing to obtain this form at your expense?	<input type="checkbox"/> Yes <input type="checkbox"/> No

YOUR LAST EMPLOYERS: (only complete if not included in your attached Resume / CV)

Please provide the details of your last two employers.	
Dates of employment	From: _____ To: _____
Company Name	Phone: _____
Position held	
Reporting to (Name)	
Duties / Responsibilities	
Reason for leaving	
Dates of employment	From: _____ To: _____
Company name	Phone: _____
Position held	
Reporting to (Name)	
Duties / Responsibilities	
Reason for leaving	

CONSENT:

If you are under 15 years of age, a parent or legal guardian must sign to state they consent to your employment:			
SIGNATURE:		NAME:	
RELATIONSHIP:			

DECLARATION:

1. I understand that any misrepresentation of facts in this application could be cause for termination.			
2. I consent to any reference checks which may be necessary to support this application.			
3. I will return my uniforms and any other company property upon termination of my employment.			
I, _____, hereby declare that the information contained in this application is true and correct.			
SIGN:		DATE:	