



## APPLICATION FOR EMPLOYMENT

PRIVATE & CONFIDENTIAL

Surname:	Given name(s):
Preferred Name:	
Home Phone:	Mobile Phone:
Address:	
Suburb:	Post Code:
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email address:	

### Position Applying For:

Chocolate Production	<input type="checkbox"/> Team Member <input type="checkbox"/> Pastry Chef <input type="checkbox"/> Chocolatier <input type="checkbox"/> Supervisor
Packing	<input type="checkbox"/> Team Member <input type="checkbox"/> Supervisor
Cafe	<input type="checkbox"/> Team Member <input type="checkbox"/> Supervisor
Café Kitchen	<input type="checkbox"/> Kitchenhand <input type="checkbox"/> Dishwasher <input type="checkbox"/> Chef <input type="checkbox"/> Cook <input type="checkbox"/> Supervisor
Showroom	<input type="checkbox"/> Team Member <input type="checkbox"/> Supervisor
Administration	<input type="checkbox"/> Administration Team <input type="checkbox"/> Office Manager <input type="checkbox"/> Bookkeeper
Groundsman / Maintenance/ Cleaner	<input type="checkbox"/> Cleaning Team <input type="checkbox"/> Grounds & Maintenance Team
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: Note: Opening hours are 9am to 5 pm, with shifts between the hours of 7.30 am to 6 pm.	<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	
Our busiest periods are during Christmas and Easter, as well as public holiday weekends and school holidays throughout the year. Please be aware that leave requested during these periods may not be granted. Do you accept that you may be required to work during these blackout periods? I accept <input type="checkbox"/>	



## Residency:

Are you an Australian Resident?	
<input type="checkbox"/> Yes, Please proceed to 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?	
Do you consent to us completing a VEVO (Visa Entitlement Verification Online) check?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## TRANSPORT:

How will you get to and from work?	
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## 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 worker's 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
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If yes, please give details:-	
How many days have you had off from work in the past three years for illness?	
Are you willing to take a pre-employment 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

**Convictions:**

Have you ever been convicted of a crime – either in Australia or overseas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**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	

**Other Employment:**

Please note any other employment you would continue with if you were to be successful in obtaining this position.



## REFERENCES:

Please note the names and contact details of two persons from whom we may obtain work experience references.

1.	Name:	
	Phone Number:	
	Known in the capacity of (e.g. Manager)	
2.	Name:	
	Phone Number:	
	Known in the capacity of: (e.g. Manager)	

## Leisure

Please note your leisure interests, sports and hobbies, other pastimes etc.


## DECLARATION

*(Please read this carefully before signing this application)*

- 1 I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
- 2 I agree that the employer reserves the right to require me to undergo a medical examination. I understand that should the employer require further information and wish to contact my doctor with a view to obtaining a medical report, the employer will inform me of their intention and obtain my permission prior to contacting my doctor. In addition, I agree that this information will be retained on my personnel file during employment and for up to six years thereafter.
- 3 I agree that should I be successful in this application, I will, if required, apply for a National Police Check and/or Working with Children Check. I understand that should I fail to do so, or should the check not be to the satisfaction of my employer, any offer of employment may be withdrawn, or my employment terminated.

Signed: _____	Date:    /    /    _____
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