



# APPLICATION FOR EMPLOYMENT

Hillside Meat Processors Pty Ltd  
148 Boxsell Road  
Narrogin WA 6312  
Ph: 08 98811016  
Facsimile: 08 98813323

Application Date:        /        /

## APPLICANT'S DETAILS

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____			
Surname:		First Name/s:	
Date of Birth:	/    /	Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:		Town/ Suburb:	
State:		Post Code:	
Postal Address:	<i>(If different to the address above)</i>		
Contact Numbers:	Home:	Mobile:	Email:

Do you have any difficulty in reading or writing in English?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require a translator?	Yes <input type="checkbox"/> No <input type="checkbox"/> Preferred Language:

Country of Birth:		Nationality:	
Are you an Australian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If "No" Visa Status/ Type:	Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	First/ Second Visa:	
Visa Number:		Expiry Date:	
<b>Visa holders: You must bring a printed copy of your passport if you are requested to attend for an interview.</b>			

## EMERGENCY CONTACT

Name:		Relationship:	
Address:			
Contact Numbers:	Home:	Work:	Mobile:
Doctor/ Family GP:	Name:	Contact No:	
Address:			

## POSITION APPLIED FOR

Position:		Department:	
Type	Full Time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Casual <input type="checkbox"/>

## LICENCES, SKILLS AND QUALIFICATIONS

Highest Educational Level Achieved:	
Trade Qualifications:	
Certificates/ Licences: <i>(I.e. High Risk Licence - Forklift)</i>	
Other Skills/Training/ Competencies relevant to position:	
<b>Printed copies of your certificates, licences and other qualifications must be provided at the time of interview.</b>	

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## EXPERIENCE

Have you worked in the meat industry before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' please provide details of where you worked and the type of duties, you performed?	
Have you been employed at this plant before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' please give explanation as to why your employment ended?	
If you have answered 'No', please explain why you are interested in working in an Abattoir?	

## EMPLOYMENT HISTORY (Last 3 positions)

1. Employer:		Position Held:	
Commenced		Ceased	
Reason for Leaving?			
Referee:	Name:	Position:	
Contact No.	Work:	Mobile:	Email
2. Employer:		Position Held:	
Commenced		Ceased	
Reason for Leaving?			
Referee:	Name:	Position:	
Contact No.	Work:	Mobile:	Email
3. Employer:		Position Held:	
Commenced		Ceased	
Reason for Leaving?			
Referee:	Name:	Position:	
Contact No.	Work:	Mobile:	Email
Do you consent to you previous employers being contacted		Yes <input type="checkbox"/> No <input type="checkbox"/>	Initials: ____
Have you been convicted of a criminal offence in the past 5 years?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'Yes' please provide details:			

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In order to ensure you are fit and capable of working in a safe and healthy manner and able to perform the required work tasks, please complete all sections below and provide full details where required:

## MEDICAL HISTORY:

Have you ever had or received treatment or medical advice for the following?					
1	Heart problems including heart attack, angina or heart surgery	Yes <input type="checkbox"/> No <input type="checkbox"/>	20	Arthritis / rheumatism of any joint	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	High Blood Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	21	Repetitive Strain or overuse injury	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Blood disorders – anaemia, excessive bleeding or bruising	Yes <input type="checkbox"/> No <input type="checkbox"/>	22	Hernia	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Lung or breathing problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	23	Back, neck or spinal problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Asthma, hay fever or allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	24	Joint problems, fractures or dislocations	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Liver problems or hepatitis	Yes <input type="checkbox"/> No <input type="checkbox"/>	25	Malaria or tropical diseases	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Stomach problems or ulcers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	26	Injury from a motor vehicle accident	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Kidney or bladder problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	27	Injury from sporting activities	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Epilepsy, seizures, fits or blackouts	Yes <input type="checkbox"/> No <input type="checkbox"/>	28	Other (please state below)	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Anxiety or depression	Yes <input type="checkbox"/> No <input type="checkbox"/>	29	Are you currently taking any medication	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Other mental health illness	Yes <input type="checkbox"/> No <input type="checkbox"/>	30	Have you ever undergone an operation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Migraines or persistent headaches	Yes <input type="checkbox"/> No <input type="checkbox"/>	31	Have you ever had any Workers Compensation claim or any work related injury / illness	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Sleep disorders	Yes <input type="checkbox"/> No <input type="checkbox"/>	32	Do you have a current worker's compensation claim	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Cancers or other tumours	Yes <input type="checkbox"/> No <input type="checkbox"/>	33	Have you had any time off in the last 12 months due to any injury or illness	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Poor eyesight or hearing	Yes <input type="checkbox"/> No <input type="checkbox"/>	34	Are you currently being treated by a Doctor, Physiotherapist or Chiropractor for any injury or illness	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	35	Is there a family history of any medical condition	Yes <input type="checkbox"/> No <input type="checkbox"/>
17	Skin disorders / dermatitis	Yes <input type="checkbox"/> No <input type="checkbox"/>	36	Have you ever been refused life or disability insurance, military service or employment	Yes <input type="checkbox"/> No <input type="checkbox"/>
18	Head injury / concussion	Yes <input type="checkbox"/> No <input type="checkbox"/>			
19	Clots of leg or lung?	Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Important Note:** Under section 79 of the Workers' Compensation and Injury Management Act (WA) 1981, where it is proved that the worker has, at the time of seeking or entering employment wilfully and falsely represented themselves as not having previously suffered from the injury which they are claiming compensation for, an arbitrator may refuse to award compensation which would otherwise be payable.

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## MEDICAL HISTORY CONTINUED:

37	Do you drink alcohol? If yes, please list weekly amount: ..... And type: .....	Yes <input type="checkbox"/> No <input type="checkbox"/>
38	Do you smoke? If yes, please list daily intake: ..... Age when started: .....	Yes <input type="checkbox"/> No <input type="checkbox"/>
39	Do you take illicit or recreational drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
40	Do you engage in regular sport/ physical activity? If yes, what type: ..... How often: .....	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Do you have any difficulty with the following?

41	Working in hot or cold conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>	52	Twisting	Yes <input type="checkbox"/> No <input type="checkbox"/>
42	Frequent kneeling or squatting	Yes <input type="checkbox"/> No <input type="checkbox"/>	53	Forceful movement of hands/ wrists?	Yes <input type="checkbox"/> No <input type="checkbox"/>
43	Frequent bending or stooping	Yes <input type="checkbox"/> No <input type="checkbox"/>	54	Repetitive movement of shoulders, arms, hands or wrists	Yes <input type="checkbox"/> No <input type="checkbox"/>
44	Standing for 2 hours	Yes <input type="checkbox"/> No <input type="checkbox"/>	55	Repetitive work above shoulder height	Yes <input type="checkbox"/> No <input type="checkbox"/>
45	Sitting for 2 hours	Yes <input type="checkbox"/> No <input type="checkbox"/>	56	Shift work / sleep	Yes <input type="checkbox"/> No <input type="checkbox"/>
46	Frequent pushing or pulling	Yes <input type="checkbox"/> No <input type="checkbox"/>	57	Differentiating between colors	Yes <input type="checkbox"/> No <input type="checkbox"/>
47	Lifting and carrying	Yes <input type="checkbox"/> No <input type="checkbox"/>	58	Hearing a normal conversation	Yes <input type="checkbox"/> No <input type="checkbox"/>
48	Frequent forceful gripping	Yes <input type="checkbox"/> No <input type="checkbox"/>	59	Working at heights	Yes <input type="checkbox"/> No <input type="checkbox"/>
49	Wearing of Personal Protective Clothing and Equipment (PPE)	Yes <input type="checkbox"/> No <input type="checkbox"/>	60	Working in confined spaces	Yes <input type="checkbox"/> No <input type="checkbox"/>

## If you have ticked YES to ANY of the above questions, please provide full details below, including relevant dates:

Item #	Relevant date	Injury / illness	Treatment given	Any ongoing issues?
<i>E.g. Item 20</i>	<i>April – May 2009</i>	<i>Concussion – playing soccer</i>	<i>Rest and painkillers</i>	<i>None</i>

## Q FEVER VACCINATION

Have you ever been vaccinated for Q Fever?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If “Yes” are you able to produce your vaccination card?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Card Number:	

Please NOTE: A P2 dust mask must be worn by all unvaccinated workers for a period of 5 days from the initial pre -vaccination test, and then a further 15 days from vaccination whilst awaiting full immunity.

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## PRE-EMPLOYMENT MEDICAL

As part of the recruitment process you may be required to undergo a pre-employment medical. The medical will be conducted by a Doctor nominated by the Company who will examine your fitness for the position that you have applied for.

Do you agree to undertake a pre- employment medical?

Yes  No

## DRUGS AND ALCOHOL

**Please read the below carefully.**

If you are employed by Hillside Meat Processors, you will be offered a position subject to undertaking a Drug and Alcohol test. The Drug and Alcohol test is conducted by Path West and will cost \$35.00 (subject to change without notice and shall be at your own expense.

If you gain employment and test results are Negative, you will be asked to provide the receipt for the test so that the company can reimburse you.

Please be advised that if you provide a non-negative test result, the company has the right to refuse your application and will not be responsible for the reimbursement of the test cost.

It will be a condition of your employment that you undergo further drug and alcohol testing, at the direction and discretion of the company.

Do you understand the above?

Yes  No

Do you consent to a drug and alcohol testing?

Yes  No

## DECLARATION

I hereby certify that all information and answers provided are true and correct to the best of my knowledge and I understand and agree that:

- Hillside Meat Processors reserves the right to verify all information, and that any false or deliberately misleading statement will be sufficient cause for my rejection as an applicant, or my dismissal if hired.
- That I may also be required to undergo drug and alcohol testing during my employment and on termination.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please note: that this application will be held on file for a period of 3 months. If you are shortlisted in this time for any position you will be contacted. If you have not heard from the employment officer before, during and or after this period you may choose to lodge another application.

Hillside Meat Processors does not send out letters to advise that you were unsuccessful.

*At No time is Hillside Meat Processors obliged to offer you employment because you have completed this application.*

**IMPORTANT: Photographic Identification such as a current Australian Driver's License, WA Government issued Photo Card or a valid Passport must be provided at the time of interview for the purpose of verifying your identity and right to work.**

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