



Ararat Abattoirs Pty Ltd

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Health & Safety Management System

Expression of Interest for Employment

Information contained in this expression will be held in the strictest confidence

Name:

Date of issue: February 2015

Privacy and the collection and handling of Personal Information

Personal information collected by Ararat Abattoirs Pty Ltd may be used for purposes related to the administration and maintenance of all facets of Human Resources and Occupational Health and Safety including Payroll and WorkCover. Statistics relating to personnel information is requested for Government surveys from time to time. Personal information is not used in these reports.

Personal information we collect from you will only be given out to such organizations as CENTRELINK; the Australian Taxation Office; Law Enforcement Bodies; or our Authorized WorkCover Agent or their agents and Governing Authorities upon written request in order to comply with legal obligations; and any person or organization authorised by law or by the person to whom the information relates.

Access to personal information is restricted to those personnel responsible for the administration of Payroll, Human Resources and WorkCover and is kept in a secured location. It is your obligation to ensure that your personal information is kept accurate, complete and up-to-date to ensure the accurate maintenance of your personnel file.



Please tick the appropriate box or circle the appropriate answer

Employment Preferred: Full Time Part Time Casual

Personal Information:

Surname: First Names:

Address:

Telephone Numbers: Home: Mobile:

Date of Birth: Height: Sex: Male Female

Email Address:

Marital Status: Number of Dependents:

Name of Emergency Contact: Emergency Contact No.

Are you an Australian, a New Zealand citizen, or a permanent resident? State which:

If you are not an Australian or New Zealand citizen and you do not have the right of permanent residency here, we are required to ask the following question:

Do you have a work permit? Yes No

If Yes, you will need to produce your passport for verification.

Education & Qualifications:

Name of School, College, University, etc.	Year Attended	Qualifications Obtained

Trade / Occupational Qualifications:

Please list trade / occupational qualifications:

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Where appropriate, you will be required to produce original documents.

Are you currently studying or planning to study for any qualifications? Yes No

If requested, are you willing to undertake training during and/or outside business hours? Yes No



Identification & Q Fever Inoculation

Please attach a copy of your driver's licence or other photo identification.

Attach a copy of your Photo Identification Here

Q Fever

Have you ever had, or been vaccinated against Q Fever?

Yes

No

Are you prepared to be vaccinated against Q Fever?

Yes

No

There have been several cases in Victoria where employees have contracted Q Fever while working at red meat plants. **It is therefore a requirement that all staff be immunised prior to commencing work with the company. On successful application, unless you have been vaccinated against Q Fever, you will be required to go through the immunisation process with our preferred medical practitioner.**

If you have any queries regarding the Q Fever immunisation please contact the office at the company.

If you have been immunised against Q Fever please attach a copy of your vaccination card below: -

Attach a copy of your Q Fever Vaccination Here



Please advise what, if any, knowledge of the meat industry you possess. Set out here any experience you may have of work in the industry.

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Personal Interests / Hobbies: -

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Employment Record: -

List your most current employer first.

Current / Past Employer:

Position: From To

Reason for leaving:

Past Employer:

Position: From To

Reason for leaving:

Past Employer:

Position: From To

Reason for leaving:

May we discuss references with past employers? Yes No

Referees: -

In addition to past employers, please give names and contact numbers of two non-work related persons who will provide references:

1.

2.



Superannuation:

Superannuation will be paid into the company's employee industry fund unless you prefer your own choice of superfund. If you would like superannuation paid into the fund of your choice please provide details of that fund below: -

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Conditions of Employment: -

Do you prefer pay slips to be emailed? Yes No

Wages are paid by direct credit. Please provide your banking details that will be used to deposit any wages.

BSB: Account Number:

Bank Name: Branch:

Do you agree to work overtime as and when required? Yes No

Do you agree to attend a Doctor nominated by the company for a pre-employment medical examination if required? The medical examination may include a urinary drug screening as part of your employment application process. Yes No

Do you agree to abide by the Company Rules and Procedures? Yes No

Are there any restrictions on your availability to do shift work? Yes No

Are there any restrictions on your working overtime? Yes No

Have you ever applied for a position or worked at Ararat Abattoirs in the past? Yes No

Have you had any criminal convictions in the past 10 years? Yes No

If your application is successful, when could you start work?
Day Date



Health & Safety

You are seeking employment with Ararat Abattoirs as a
title/name of job

This position may involve activities including lifting, pulling, pushing, holding and carrying items and product weighing in excess of 10 kilograms. The position may also involve labour intensive duties as part of a team of production employees to produce the final red meat related product. In the red meat industry manual handling covers a wide range of activities such as slaughtering, boning, rendering, wrapping & packing. These activities may involve: -

- Repetitive or sustained application of force
- Repetitive or sustained awkward posture
- Repetitive or sustained movement
- Application of high force
- Manual handling issues handling a live animal
- Packing & handling of boxed meat

As detailed above some of the work activities at Ararat Abattoirs can involve physically demanding tasks. Given this, please give details of any health or physical problems which may affect you work performance?

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Are you prepared to wear/use all safety equipment supplied by the company? Yes No

Have you ever worked Abattoir before? Yes No

Do you have any experience in using a knife? Yes No



Please provide details if you have ever been affected by the conditions listed below: -

Item	Yes / No	Details	Date Last Affected
Asthma, Bronchitis or Emphysema			
High Blood pressure, Stroke or Heart Condition			
Diabetes or Kidney Disease			
Hernia			
Migraines, Epilepsy or Blackouts			
Joint or Muscular Complaint			
Back Condition or Injury			
Allergies			
Skin Conditions (i.e. Eczema, Dermatitis)			
Eye Conditions			
Stress			
Hearing loss			
Major Operations			
Allergies			

Is your hearing normal? Yes No

Have you ever worked in a noisy environment? Yes No

Has your hearing been affected by noise? Yes No

Is your eyesight good for all usual activities? Yes No

Do you wear glasses/contact lenses? Yes No

Further Details if needed:

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Health & Safety Management System

AA-HSMS-P306.3

Induction & Training

Expression of Interest for Employment

What is your intake of alcohol (please circle)? Daily Weekends Occasional

Have you ever been refused life insurance, a job or military service because of poor health? Yes [] No []

Please detail any Workers Compensation and Transport Accident claims resulting from work and non-work injuries?

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Have you had, or do you suffer from:	Yes	If Yes, Give Details	No
Allergies			
Are you taking drugs or other medication?			

In making this application for employment to this position you are required to disclose any and all pre-existing injuries or diseases suffered by you, which you reasonably believe could be affected by you undertaking this position, the details of which are set out above.

If you fail to disclose this information or if you provide false or misleading information you and your dependents may not be entitled to WorkCover benefits in the event of any recurrence, aggravation, acceleration, exacerbation or deterioration of the pre-existing injury or disease, arising out of, or in the course or due to the nature of this employment with Ararat Abattoirs.

I acknowledge that I have read and understood the above statement and declare that the answers to the questions in this application are true and correct. I accept that should my application be successful, the foregoing information will form part of my contract of employment and falsification or omission of information is ground for summary dismissal. I have agreed to supply the information on a confidential basis between myself and my prospective employer, who may make any necessary inquiries to satisfy this application.

.....
Print Name

.....
Signature

.....
Date

See next page for Declaration



EMPLOYEE DECLARATION

(To be completed by employment applicant)

The following declaration is made for the purposes of Section 41 of the Workplace Injury Rehabilitation and Compensation Act 2013.

I, declare that:
name of applicant

1. I have read and understood this form, including the information overleaf.
2. I acknowledge that I am required to disclose all pre-existing injuries or diseases which I believe may be affected

by my undertaking the position of
title/name of job

and (Strike out whichever is not applicable)

- (a) I do not believe that any injury or disease that I have is likely to be affected by the duties described in the job description

OR

- (b) I have suffered the following injuries and/or diseases that may be affected by the duties described in the job description [list injuries and/or diseases]

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I acknowledge that any non-disclosure or false or misleading information my part may result in Section 41 of the Workplace Injury Rehabilitation and Compensation Act 2013 being applied which would disentitle me or my dependents from receiving benefits relating to any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease which I may have.

To the best of my knowledge the information provided in this Declaration is true and correct.

Dated: day of in the year

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Print Name

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Name of Witness

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Signature

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Signature