**Expression of Interest for Employment**

**Ararat Meat Exports Pty Ltd**

**(Ararat Abattoirs Pty Ltd)**

**Please return completed form to:**

[bill.drummond@araratmeatexports.com](mailto:bill.drummond@araratmeatexports.com) or drop at Security office 343 Nott Rd Ararat.

**Please ensure you answers all questions.**

Name: ………………………………………………………………………………………………………………..

**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 boxes or circle the appropriate answers

**Employment Preferred: Full Time Part Time Casual**

**Personal Information:**

First name:…..…………………………………………………………… Surname:………………………………………………………..………………………

Preferred name:….………………………………………………….

Residential address:…………………………………………………………………………………………………………………………………………..………..

Postal address if different from residential address:

……………………………………………………………………………………………………………………………………………………………………………………

Date of Birth:…………………………………………………… Sex: (circle) Male Female Other

Telephone Numbers: Home: ………………………....…………………. Mobile: …………….…………………………..……………………….

Email Address: …………………………………………………………………….……………………………..

Name of Emergency Contact: ……………………………………….………………………………………

Emergency Contact telephone number:. ……………….………………..…………………………..

Relationship of Emergency Contact: ie mother, father, partner etc ………………………………………………………………………

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.

Type of Visa if applicable (please circle) Working holiday Student 457 Other ……………………….

**Highest level of schooling or education:**

…………………………………………………………………………………………………………………………………………………………………………………

**Trade / Occupational Qualifications / Licences** i.e. Car, Forklift licence, Truck license etc:

Please list trade / occupational qualifications / licences:

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

**Identification & Q Fever Inoculation**

Please attach a copy of your driver’s licence, passport or other photo identification.

Attach a copy of your Photo Identification here or as a separate attachment.

**Q Fever**

Have you ever had, or been vaccinated against Q Fever? Yes No

If you have not been vaccinated, are you prepared to be vaccinated? Yes No

**It is 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 HR Department at the company.

For copies of Q Fever registration, please contact the Q Fever register for further information 1 300 733 837 or register@qfever.org

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 or as a separate attachment.

Please advise what, if any, knowledge and experience you may have of the meat industry;

i.e. administration, livestock, meat processing/kill floor, boning room, warehouse, skins, rendering etc.

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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

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

1. ………………………………………………………………………………………………………………….…………………………………………………………
2. ……………………………………………………………………………………………………………………………………………….……………………………

**Job Active Provider**

If you are currently registered with a Job Active Provider or government agency, please provide the name of your provider / agency:

Provider / Agency name……………………………………………………………………………………………..

Caseworker name………………………………………………………………… Caseworker number…………………………………………………….

**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 and member number 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? The medical examination may include 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 yes, what was the crime?…………………………………………………………………………………………………………………………………………….

If your application is successful, when could you start work? …………………………………………………………………………………….

Date

**Health & Safety**

You are seeking employment with Ararat Abattoirs as a (if known) ………………........................................................……….....

Duties within Ararat Abattoirs can include operating machinery and plant.

Tasks can be of a repetitive nature that can involve lifting, carrying, pulling, pushing items and product weighing in excess of 10 kilograms, bending and stretching and you may be subjected to extended periods of both walking and in stationary positions.

You may be exposed to extreme temperatures and to damp conditions, hot water, cleaning detergents and chemicals.

The position may also involve labour intensive duties as part of a team of production employees to produce the final product. In the red meat industry manual handling covers a wide range of activities such as slaughtering, boning, rendering, wrapping, packing, stacking and cleaning.

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 including 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 at Ararat Abattoirs 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** |
| Q Fever |  |  |  |
| Asthma, Bronchitis or Emphysema |  |  |  |
| High Blood pressure, Stroke or Heart Condition |  |  |  |
| Diabetes or Kidney Disease |  |  |  |
| Hernia |  |  |  |
| Migraines, Epilepsy or Blackouts |  |  |  |
| Joint or Muscular Complaint |  |  |  |
| Broken bones, joints, dislocations. |  |  |  |
| Back Condition or Injury |  |  |  |
| Sustained or currently being treated for repetitive use injury not limited to tennis elbow, carpel tunnel, tendinitis? |  |  |  |
| Allergies |  |  |  |
| Skin Conditions (i.e. Eczema, Dermatitis |  |  |  |
| Eye Conditions |  |  |  |
| Stress |  |  |  |
| Hearing loss |  |  |  |
| Major Operations |  |  |  |

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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What is your intake of alcohol (please circle)? Nil 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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Are you taking prescribed drugs or other medication? Yes No 

If yes, give details:

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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 the contents of this form.
2. I acknowledge that I am required to disclose all pre-existing injuries or diseases.

**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 my duties at Ararat Abattoirs

**OR**

(b) I have suffered the following injuries and/or diseases that may be affected by my duties at Ararat Abattoirs. [list injuries and/or diseases which may affect my duties

……………………………………………………………………………………………………………………………………………………..

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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 ….………………………..……

.................................................................................... ....................................................................................

Print Name Name of Witness

.................................................................................... ....................................................................................

Signature Signature