



*Ralphs Meat Company Pty Ltd  
Establishment No.260  
ABN: 80 080 995 777*

## **APPLICATION FOR EMPLOYMENT**

### **PRIVATE AND CONFIDENTIAL**

1. Position applied for: .....
2. Applicants Name: .....
3. Date of Application: .....

## 4. PERSONAL DETAILS

Name: (Mr./Mrs./Ms/Miss) .....  
Surname given names

Address.....

Town..... Post code .....

Phone: A/H..... B/H..... Mobile.....

Date of Birth ...../...../..... Country of Birth .....

Language ..... Religion(opt) .....

Are you an Australian Citizen or Permanent Resident?      Yes      No

Can you produce identification, Birth Certificate or passport      Yes      No

Are you currently registered with an employment agency?      Yes      No, if Yes,

Employment agency name.....

CRN No. .... Job Seeker ID No. ....

5. Are you available for early starts (ie: 5.00 – 6.00am) Yes No

6. Are you available for shift work? Yes No

7. When would be able to commence? .....

8. Will you be able to undergo a Medical Examination? Yes No

9. Do you object to undergoing a fitness test? Yes No

10. Do you have a current drivers licence? Yes No

**11. List the work experience you have had.**

[illegible]

**12. References (not relatives)**

Name	Occupation	Address	Telephone	Time Known

13. Do you have objections to us contacting any of the employers listed in box at question 11?  
Yes                      No

**14. Education**

School Level	Name of Institution	Duration of Studies	Course of Study	Course Completed?
Secondary				
Tertiary				
Technical				
Other				

**15. Skill/Certificates**

Type (eg. Boning, Forklift licence etc.)	Certificate, Ticket or Qualifications	Comments

16. Any further information you wish to give in support of this application eg. Interests of additional experience.

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17. How did you come to apply for a position at Ralphs Meat Company Seymour?

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18. General Health  
State any serious Illness or Disability.

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19. In the past, have you ever been treated for or claimed compensation for any work related injury? If yes, please give details and provide the name and address of the treating Medical Practitioner.

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Failing to disclose any previous condition that required a Workers Compensation claim will result in instant dismissal.

20. Person to be notified in case of emergency.

Name: .....Ph: .....

Address: .....

**Declaration**

I hereby declare that every statement given by me in this form is true and that I Have not willfully suppressed any material fact. I also agree that if any false Declaration is made by me, my Contract of Services may be terminated forthwith Without notice.

Signature of Applicant.....

Date: .....