



SOUTHERN MEATS PTY LTD

MAZAMET ROAD GOULBURN NSW AUSTRALIA 2580 EST. No. 217 A.C.N. 003 111 528

All Correspondence:

P.O. BOX 244
GOULBURN NSW
AUSTRALIA 2580

Phone: (02) 48240000

Fax: (02) 48240058

smeats@southernmeats.com.au

STRICTLY CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

If you are under the age of 18 this application must be completed in the presence of, and witnessed by your parent or legal guardian, please complete the details of this person below if applicable.

Name of parent / legal guardian: _____

Relationship to applicant: _____ Contact Number: _____

I hereby apply for employment with SOUTHERN MEATS PTY LTD and if my application is successful I agree that my employment will be subject to **ALL** company and regulatory authority rules and regulations.

A valid form of photo identification is required to complete a pre-employment medical and gain employment at Southern Meats Pty Ltd, do you consent to a copy of your ID being copied and kept on record? YES / NO

Have you ever paid any sort of fee to anyone for introduction to and / or employment with Southern Meats Pty Ltd? YES / NO

PLEASE PRINT IN BLOCK LETTERS

Do you have a jobseeker ID Number? (If yes please list) _____

Surname _____ First Names _____

Date of Birth _____ License N° _____

Address (Including Town and Post Code)

Phone N° _____ Mobile N° _____

Email: _____

How long have you lived at the above address? _____

Name of last school attended _____

What educational standard did you reach? _____

Detail any trade or other special training you have (eg current First Aid, Forklift)

Detail any studies currently being undertaken (eg TAFE)

Employment History at Southern Meats

Have you **EVER** worked at Southern Meats before? (if yes give details) Yes / No

Shift: Day / Afternoon Approximate last date worked: _____

Section: Mutton / Lamb / Slaughter / Offal / Pet food or Runners / Skin shed / Stock yards

Tasks Performed: _____

Reason for leaving: _____

PREVIOUS EMPLOYMENT HISTORY

List below ANY previous employment or other experience (commence with most recent employer first)

1. Employer Name _____

Employer Address _____

Work Performed _____

Period Employed ___/___/_____ to ___/___/_____

Reason for leaving _____

2. Employer Name _____

Employer Address _____

Work Performed _____

Period Employed ___/___/_____ to ___/___/_____

Reason for leaving _____

3. Employer Name _____

Employer Address _____

Work Performed _____

Period Employed ___/___/_____ to ___/___/_____

Reason for leaving _____

Name and title of person where last employed who can be contacted for a reference

Contact Name _____ Title _____

Company Name _____ Phone N° _____

Which shifts are you available to work? Day / Afternoon / Either

When are you available to start work? (Date) _____

Are you prepared to work overtime if necessary? Yes / No

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

Are you prepared to undergo a medical examination prior to employment and during employment if required? Yes / No

I _____ DECLARE ALL INFORMATION IN MY APPLICATION TO BE TRUE. SHOULD MY APPLICATION BE SUCCESSFUL I WILL ADHERE TO ALL COMPANY AND REGULATORY AUTHORITY RULES AND REGULATIONS.

I AGREE TO WORK UNDER THE TERMS OF EMPLOYMENT AS SET OUT IN THE SOUTHERN MEATS ENTERPRISE AGREEMENT 2014.

Signature of Applicant

Date

Signature of Witness / Parent / Guardian

Date

SOUTHERN MEATS PTY LTD

Mazamet Road Goulburn NSW 2580 EST No.217

All Correspondence: PO Box 244
Goulburn NSW 2580

Phone (02) 4824 0000
Health centre (02) 4824 0017
Fax (02) 4824 0058

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PRE – EMPLOYMENT MEDICAL QUESTIONNAIRE

POSITION APPLIED FOR:

The purpose of this medical is to ensure that your health is adequate to undertake the proposed work and to ensure that your health will not suffer as a consequence of this work. Any previously unrecognised problems discovered will be drawn to your attention.

Name _____ Date of Birth _____

Birth Place _____ Sex Male / Female

Are you of Aboriginal or Torres Strait Islander descent Yes/No.....

Address

Home Phone No _____ Mobile No _____

Marital Status _____ Email _____

Maiden Name _____ N° Children _____

Next of Kin _____ Next of kin
Phone Number _____

Relationship _____

In an emergency please contact:

Name _____ Phone Number _____

Address _____

Do you smoke tobacco? Yes / No

Do you drink alcohol? Yes / No
If yes amount per: Week day _____

Weekend _____

Do you use recreational drugs? Yes / No
If yes please describe: _____

Family Doctor _____ Phone _____

Address _____

When did you last see a doctor? _____

Below, If Yes please give details;

Do you have regular medical check-ups? Yes / No _____

Do you have any health problem which restricts your daily activity? Yes / No

Have you had any major medical treatment in the last five years? Yes / No _____

If employed, have you been absent from work in the last year due to illness? Yes / No _____

Are you currently claiming Workers Compensation against any previous Employer (if yes, details) Yes / No _____

Have you ever had a work related injury/ illness or received Workers Compensation payments? (if yes, details) Yes / No _____

Are you willing to give Southern Meats permission to seek details of previous Workers Compensation claims? Yes / No _____

Have you ever had any operations? (if yes, details) Yes / No _____

Have you been vaccinated for:

Tetanus Yes / No _____ (Date)

Hepatitis A Yes / No _____ (Date)

Hepatitis B Yes / No _____ (Date)

Q Fever Yes / No _____ (Date)

Do you suffer or have you ever suffered from any of the following (if yes, details):

Heart Trouble Yes / No _____

Disorder of Circulation Yes / No _____

Blood Pressure (high or low) Yes / No _____

Varicose Veins or thrombosis (clots in veins) Yes / No _____

Cough - Occasional	Yes / No _____
- Smokers	Yes / No _____
- Persistent	Yes / No _____
Any disease including Asthma	Yes / No _____
Have you ever had a chest x-ray	Yes / No _____
Have you ever travelled outside Australia	Yes / No _____
Chest pains	Yes / No _____
Dizzy spells or blackouts	Yes / No _____
Fits, faints or epilepsy	Yes / No _____
Persistent headache or migraine	Yes / No _____
Any paralysis	Yes / No _____
Any nervous or mental disorder	Yes / No _____
Nasal or sinus trouble	Yes / No _____
Eye Problems (including glasses)	Yes / No _____
Diabetes	Yes / No _____
Hepatitis (in any form)	Yes / No _____
Skin disorder (eg dermatitis)	Yes / No _____
Goiter or Glandular fever	Yes / No _____
Anaemia or blood disorder	Yes / No _____
Painful or swollen joints	Yes / No _____
Wrist or shoulder problems	Yes / No _____
Injury to any bones, joints or limbs	Yes / No _____
Any spinal (neck or back) problems	Yes / No _____
Any bone, tendon or muscle problems	Yes / No _____
Any chronic illness/ailment	Yes / No _____
Any other problems not mentioned above that may affect your ability to perform manual tasks	Yes / No _____

Do you take any regular medication Yes / No _____

If yes please list any medication you are taking:

_____	_____
_____	_____
_____	_____

Women:

Q fever is caused by a microorganism called *Coxiella burnetii*, and is a well-recognised occupational hazard for abattoirs workers. Fortunately, the infection reactivation is usually without effect on mother or child, although foetal damage has been reported. If you are pregnant or think you may be pregnant it is in your best interest to inform us.

Are you pregnant?

Yes / No _____

I DECLARE THAT THE ANSWERS TO ALL THE ABOVE QUESTIONS ARE CORRECT AND THAT I HAVE NOT WITHHELD ANY INFORMATION REGARDING MY PRESENT OR PAST HEALTH AND THAT MY APPOINTMENT IS CONDITIONAL ON THIS BEING SO.

I CONSENT TO BE TESTED FOR AND WHERE NECESSARY INNOCULATED AGAINST Q FEVER.

I ALSO CONSENT TO BE TESTED FOR THE USE OF ILLEGAL SUBSTANCES AS PART OF MY PRE-EMPLOYMENT MEDICAL. I ACKNOWLEDGE THAT MY RETURNING A POSITIVE RESULT SHALL EXCLUDE ME FROM EMPLOYMENT.

Signed

Date

Signed Witness / Parent / Guardian

Date