

PLEASE NOTE:
YOU WILL BE CONTACTED FOR THE PRE-EMPLOYMENT
INDUCTION AFTER SUCCESSFULLY COMPLETING THE
CO-OPERATIVE ENTRY REQUIREMENTS.

Date received:	Hire Date:
Appointment approved by:	Level:
	Fulltime / Casual
	Department:



WESTERN AUSTRALIAN MEAT MARKETING
CO-OPERATIVE LIMITED
T/AS: WAMMCO INTERNATIONAL

APPLICATION FOR EMPLOYMENT

Position Sought:.....

Section 1

Personal Particulars

1. Surname:.....Given Names:.....
2. Residential Address:.....P/code:.....
3. Postal Address:.....P/code:.....
4. Telephone Number:.....Mobile:.....
Business:.....
5. Male / Female
6. Date of Birth:.....
7. Marital Status:.....
8. Full name of person to be contacted in case of emergencies:.....
Phone No:.....
9. Are you currently a member of a trade union?.....
If yes, give details:.....
10. Do you hold a current drivers license?.....If yes, Number:.....
11. Are you an Australian Citizen?.....
If no, are you legally entitled to work in Australia?.....Work Visa No:.....
12. Do you speak a language other than English?.....
If yes, which one/s:.....
13. Have you been charged or convicted of any criminal offence in any court in Australia? If yes, give details.....
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Section 5 – Medical Particulars

1. Do you suffer from any disease or injury which may hinder you in the performance of the job applied for?.....
2. Do you have a hearing defect?.....
3. Do you have an eye sight defect or wear glasses?.....
4. Have you ever suffered an injury for which workers compensation benefits have been paid?.....

If yes, give details below:

Date of Injury	Nature of Injury	Name of employer at Time	Period of Disability	Name of treating Doctor

5. Have you ever suffered from a repetitive strain or strain injury (i.e. bad back, elbow, wrist or shoulder). IF so, give details below:

Date of Injury	Nature of Injury	Name of Employer at Time	Period of Disability	Name of treating Doctor

Section 6 – Declaration

1. I believe that the information contained in this application form is true and correct to the best of my knowledge and if it is subsequently found that the information has been falsified in any way it may lead to my immediate dismissal.
2. I understand and accept that employment with THE WESTERN AUSTRALIAN MEAT MARKETING CO-OPERATIVE LIMITED may be subject to satisfactory completion of a medical examination.
3. I understand and accept that employment with THE WESTERN AUSTRALIAN MEAT MARKETING CO-OPERATIVE LIMITED is in accordance with relevant industrial award or agreement and part of the employment is an obligation to honour the settlement of dispute procedure which I have read and understand. I acknowledge that failure to follow that procedure may lead to my immediate dismissal.
4. I agree to comply with any reasonable request by the CO-OPERATIVE to undertake immunisation against diseases or illnesses to which I might reasonably and foreseeably be exposed in the course of carrying out my normal duties and release any results to the CO-OPERATIVE for their use. I also agree to comply with random drug and alcohol testing as per the relevant industrial award or agreement, and agree to release all results to the CO-OPERATIVE.
5. I commit to clause 2.9 of my contract of employment with regard to shift work.
6. Important Note: **“Section 79 of the Western Australian Workers' Compensation and Injury Management Act 1981 gives an arbitrator discretion to refuse to award compensation which would otherwise be payable where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for an injury, wilfully and falsely represented himself as not having previously suffered from the injury.”**

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 APPLICANTS SIGNATURE

.....
 DATE

Section 7 - CLOTHING SIZES

SHOE SIZE	
PANT SIZE	SML MED LGE XL XXL XXXL XXXXL
TOP SIZE	SML MED LGE XL XXL XXXL XXXXL