

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

## **ALL DETAILS MUST BE COMPLETED BEFORE APPLICATIONS WILL BE CONSIDERED**

Date Received:

Department:



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

### **INTERNATIONAL APPLICATION FOR EMPLOYMENT**

Position Sought:.....

Plant:.....

#### **Section 1**

#### **Personal Particulars – APPLICANT**

1. Surname:.....Given Names:.....
2. Residential Address:.....P/code:.....
3. Postal Address:.....P/code:.....
4. Telephone Number:.....Mobile:.....  
Business:.....
5. Date of Birth:.....
6. Marital Status:.....
7. Full name of person to be contacted in case of emergencies:.....  
Phone No:.....
8. Are you currently a member of a trade union?.....  
If yes, give details:.....
9. Do you hold a current drivers license?.....If yes, Number:.....
10. Work Visa No:.....
11. Do you speak a English?.....  
Other languages?.....
12. Have you been convicted of any criminal offence in any court? If yes, give details.....  
.....  
.....



## Section 4 – Family Details

### Spouse

1.	Surname:.....	Given Names:.....
2.	Residential Address:.....	P/code:.....
3.	Postal Address:.....	P/code:.....
4.	Telephone Number:.....	Mobile:.....
		Business:.....
5.	Date of Birth:.....	
6.	Marital Status:.....	
7.	Full name of person to be contacted in case of emergencies:.....	
		Phone No:.....
9.	Do you hold a current drivers license?.....If yes, Number:.....	
10.	Work Visa No:.....	
11.	Do you speak a English?.....	
	Other languages?.....	
12.	Have you been convicted of any criminal offence in any court? If yes, give details.....	
	.....	
	.....	

### Dependants Details

Name	Male/female	Date of birth	Education Level

**Section 5**

**Skills – APPLICANT**

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**Skills - SPOUSE**

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

## Section 6 – Medical Particulars - APPLICANT

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

6. Will you work shiftwork if required?

Yes/No

### Medical Particulars – Spouse

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

6. Will you work shiftwork if required?

Yes/No

**Section 7 – 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. Important Note: “Section 79 of the Workers Compensation and Rehabilitation Act of 1981 (as amended) provides Workcover the discretion to refuse to award compensation which would otherwise be payable where it is proved that the employee had, at the time of seeking or entering employment, wilfully and falsely represented himself or herself as not having previously suffered from the disability, the subject of the claim for compensation”

.....  
APPLICANTS SIGNATURE

.....  
DATE

**OFFICE USE ONLY**

**Appointment Approved By:** .....

**Start Date:** .....

**Position:** .....