

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

6. Will you work shiftwork if required?

Yes/No

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. 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

NOTE: To ensure the timely processing of your application for employment with WAMMCO International, the following information will be of assistance:

- **2 written references from recent employment**
- **Workcover WA Claims History document. This can be accessed by completing and lodging with Workcover WA the “Consent To Release Workers Compensation Information” form obtainable from the following website**
www.workcover.wa.gov.au/Publications+And+Forms/Forms/Consent+Forms.htm

Section 7 - CLOTHING SIZES

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