

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.....
.....
.....

Section 2. – Employment History

IF THERE IS INSUFFICIENT SPACE TO COMPLETE
INDIVIDUAL ITEMS OR JOBS PLEASE CONTINUE
ON A SEPARATE SHEET OF PAPER

EMPLOYER'S NAME AND ADDRESS LIST MOST RECENT EMPLOYER FIRST	POSITION DETAILS	REASON FOR LEAVING
Current or most recent employment Name:..... Address:..... Tel No:..... Immediate supervisor:..... NB: Your current employer will not be contacted without first obtaining your express permission	Employment Period: From:.....to:..... Job Description:.....
Name:..... Address:..... Tel No:..... Immediate supervisor:.....	Employment Period: From:.....to:..... Job Description:.....
Name:..... Address:..... Tel No:..... Immediate supervisor:.....	Employment Period: From:.....to:..... Job Description:.....

Have you ever been employed by WAMMCO or METRO MEATS before? Yes/No

If yes, state where, in which capacity and date terminated.....

Section 3. – Education

Secondary Education

1. Which high school did you attend?.....
2. What year did you leave school?.....
3. What level of Secondary education did you attain?.....

Post-School Qualifications

List below all studies undertaken since leaving school:

.....

.....

Section 4. – Personal Attributes

What are your long term goals at WAMMCO International?

What personal attributes do you bring to our workforce?.....

Other than money, what do you hope to gain personally from your employment at WAMMCO International?

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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

6. You may be required to work shift work following consultation in accordance with clause 2.10 of your contract of employment

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”

.....
 APPLICANT'S 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

Section 8. Personal Health History

INCLUDE ALL HEALTH HISTORY – WORK & NON-WORK RELATED

Tick YES or NO to the following questions	YES	NO	If YES give details
1. Do you have any physical disabilities?			
2. Is there any defect in the sight of either eye?			
3. Have you any defect in hearing?			
4. Are you affected by climbing heights?			
5. Have you had any back/neck trouble of any kind?			
6. Have you had any heart trouble or Angina?			
7. Have you had any severe injury or operation?			
8. Have you ever had any bone fractures or dislocation?			
9. Have you ever had any hand trouble, including pins & needles in the fingers, broken bones or loss of strength			
10. Have you ever had any ankle/knee trouble of any kind?			
11. Have you ever had a rupture (hernia)?			
12. Have you ever had wrist/elbow trouble of any kind?			
13. Have you ever had any nervous trouble, epilepsy or fainting?			
14. Have you ever suffered from depression or anxiety?			
15. Have you ever had skin trouble (dermatitis)?			
16. Have you ever had repetitive strain injury?			
17. Have you ever had Stomach Ulcers, gall or kidney disorders?			
18. Have you ever had whiplash from an accident?			
19. Do you have any allergies?			
20. Is there any family history of disease like Diabetes?			
21. Have you a tendency to bleed or bruise excessively?			
22. Have you ever had Asthma, Tuberculoses or Pleurisy?			
23. Have you ever had Rheumatics or Arthritis of any form?			
24. Have you ever had Goiter or Thyroid trouble?			
25. Do you suffer from any blood born or communicable disease?			
26. Have you ever had high blood pressure?			
27. Have you ever had Kidney or Bladder disease?			
28. Have you ever had Cancer or Tumour of any kind (including skin)?			
29. Have you ever had ear discharge, Antrum or Sinus trouble?			
30. Have you ever had persistent headaches?			
31. Have you ever had any illness or suffered any breakdowns, met with any injury or undergone any surgical operation not already stated above?			
32. Have you been tested for Q Fever Please supply result and / or date of immunisation			
33. Have you ever been on Workers Compensation for any reason?			
34. Are you currently on any medication?? If yes, please state name and length of usage			