



Western Australian Meat Marketing Co-operative Limited T/A

**WAMMCO** *International*

### APPLICATION FOR EMPLOYMENT

Position sought	
Employment Agency	

#### Section A - Personal Particulars

Given Name(s)									
Surname									
Date of Birth		Gender	M		F		Other		
Residential Address								P/C	
Postal Address								P/C	
Email						Mobile			
Emergency Contact						Mobile			

#### Section B – Identification and Work Rights Verification

As part of our hiring process and in compliance with Australian regulations, we kindly request that you provide the following documents to verify your identity and eligibility to work in Australia. Personal information will be handled with the utmost confidentiality in accordance with privacy laws.

You **MUST** provide clear and legible copies of either of the following:

- **AUSTRALIAN / NEW ZEALAND CITIZENS** - One (1) Document / ID each from 1. AND 2.
- **NON CITIZENS** - One (1) Document / ID from 3. & complete Visa details.

<b>1. Government-issued Photo Identification</b>				<b>Sited</b>	<b>Attached</b>
Australian Driver's License					
Other government-issued photo ID					
<b>2. Proof of Australian / New Zealand Citizenship or Permanent Residency</b>				<b>Sited</b>	<b>Attached</b>
Australian / New Zealand Passport					
Citizen Certificate					
Permanent Residency Visa					
Birth Certificate					
<b>3. Visa Status Confirmation</b>				<b>Sited</b>	<b>Attached</b>
IMMI Card					
International Passport					
<b>Visa Type</b>		<b>Number</b>		<b>Expiry</b>	

<b>Office use only</b>	Date received		Interview		Department			
	VEVO Check		Attached		Terms	Fulltime		Casual
	Medical		Attached		Level	Emp Code		
	Status	Successful		Unsuccessful		Comment		

Section C – Educational Background			
Highest level of education completed	<input type="checkbox"/>	Some High School	<input type="checkbox"/> High School
	<input type="checkbox"/>	Tertiary / University	<input type="checkbox"/> No formal education
Year of completion			
List any studies undertaken since leaving school			

Section D – Personal Attributes
What personal attributes do you bring to the workforce?
What are your long-term goals at WAMMCO International?
Aside from money, what do you hope to gain personally from being employed with WAMMCO International?

Section E – Employment History						
Have you ever been employed by WAMMCO or METRO MEATS before?					<input type="checkbox"/> Y	<input type="checkbox"/> N
If YES, state where, in which capacity and date of termination.						
Previous 5 years - Please attach a separate sheet if necessary						
Company Name						
Address						
Line Manager				Contact No.		
Employment Period	From		To		Duration	
Reason for leaving						
Company Name						
Address						
Line Manager				Contact No.		
Employment Period	From		To		Duration	
Reason for leaving						
Company Name						
Address						
Line Manager				Contact No.		
Employment Period	From		To		Duration	
Reason for leaving						
Company Name						
Address						
Line Manager				Contact No.		
Employment Period	From		To		Duration	
Reason for leaving						

Section F – Personal Health History				*Include all health history – Work and Non-Work related											
Questions				Yes	No	If YES, give details									
Do you have any physical disabilities?															
Is there any defect in the sight of either eye?															
Have you any defect in hearing?															
Are you affected by climbing heights?															
Have you had any back/neck trouble of any kind?															
Have you had any heart trouble or Angina?															
Have you had any severe injury or operation?															
Have you ever had any bone fractures or dislocation?															
Have you ever had any ankle/knee trouble of any kind?															
Have you ever had a rupture (hernia)?															
Have you ever had wrist/elbow trouble of any kind?															
Have you ever had any nervous trouble, epilepsy, or fainting?															
Have you ever suffered from depression or anxiety?															
Have you ever had skin trouble (dermatitis)?															
Have you ever had Stomach Ulcers, gall, or kidney disorders?															
Have you ever had whiplash from an accident?															
Do you have any allergies?															
Is there any family history of disease like Diabetes?															
Have you a tendency to bleed or bruise excessively?															
Have you ever had Asthma, Tuberculosis or Pleurisy?															
Have you ever had Rheumatics or Arthritis of any form?															
Have you ever had Goitre or Thyroid trouble?															
Do you suffer from any blood born or communicable disease?															
Have you ever had high blood pressure?															
Have you ever had Kidney or Bladder disease?															
Have you ever had Cancer or Tumour of any kind (including skin)?															
Have you ever had ear discharge, Antrum, or Sinus trouble?															
Have you ever had persistent headaches?															
Have you been tested for Q Fever? If YES, please supply report															
Have you ever been on Workers Compensation for any reason?															
Are you currently on any medication?															
Have you travelled overseas within the past two weeks?															
Have you had contact with a confirmed case of a communicable disease case within the past two weeks?															
Have you ever had any illness or suffered any breakdowns, met with any injury or undergone any surgeries not stated above?															
Height (cm)				Weight (kg)				Shoe Size							
Pant Size	SML		MED		LGE		XL		2XL		3XL		4XL		
Top Size	SML		MED		LGE		XL		2XL		3XL		4XL		
Extra details/comments															

Section G – Medical Particulars – Please attached a separate sheet if there is not enough space							
Have you ever suffered an injury for which Workers Compensation benefits have been paid? If YES, please give details below.						Y	N
Date of injury		Duration	To		From		
Type of Injury							
Employer							
Treating GP							
Date of injury		Duration	To		From		
Type of Injury							
Employer							
Treating GP							
Have you ever suffered from a repetitive strain or strain injury? i.e., bad back, elbow wrist or shoulder? If YES, Please give details below						Y	N
Date of injury		Duration	To		From		
Type of Injury							
Employer							
Treating GP							
Date of injury		Duration	To		From		
Type of Injury							
Employer							
Treating GP							

Section H – 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 while 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