



1. APPLICATION COVER SHEET

FIRST NAME: SURNAME:

SITE/ LOCATION PREFERENCE: (PLEASE ONLY INDICATE ONE)

LOBETHAL MURRAY BRIDGE

POSITION INTERESTED IN:

PROCESS WORKER MAINTENANCE

EMPLOYMENT PREFERENCE:

PERMANENT PERMANENT CASUAL
FULL TIME PART TIME

AVAILABILITY:

AVAILABILITY	MON <input type="checkbox"/>	TUE <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <input type="checkbox"/>	SUN <input type="checkbox"/>
AVAILABLE TO WORK FROM:							
WOULD HAVE TO FINISH BY:							

REFERRAL:

A CURRENT T & R EMPLOYEE REFERRED ME FOR THIS POSITION.

(NAME)..... WILL BE ENTITLED TO THE \$200 6 MONTH & 12 MONTH EMPLOYEE REFERRAL BONUS IF MY APPLICATION IS SUCCESSFUL AND I REMAIN EMPLOYED FOR THE RELEVANT PERIOD.

PROOF OF RIGHT TO WORK IN AUSTRALIA:

PLEASE INDICATE WHICH OF THE FOLLOWING YOU WILL BRING WITH YOU IF INVITED TO AN INTERVIEW:

AUSTRALIAN PASSPORT	<input type="checkbox"/>
AUSTRALIAN CITIZENSHIP CERTIFICATE & PHOTO ID	<input type="checkbox"/>
AUSTRALIAN BIRTH CERTIFICATE & PHOTO ID	<input type="checkbox"/>
NEW ZEALAND PASSPORT WITH AUSTRALIAN IMMIGRATION ENTRY STAMP	<input type="checkbox"/>
FOREIGN PASSPORT WITH PERMANENT RESIDENCY VISA	<input type="checkbox"/>
FOREIGN PASSPORT WITH VISA WORK RIGHTS	<input type="checkbox"/>

ON COMPLETION PLEASE RETURN TO:

LOBETHAL

MAIL: PO Box 148

LOBETHAL SA 5241

FAX: 08 8389 6804

EMAIL: JOBS.LOB@TANDR.COM.AU

MURRAY BRIDGE

MAIL: PO Box 496

MURRAY BRIDGE SA 5253

FAX: 08 8532 6737

EMAIL: JOBS@TANDR.COM.AU



2. APPLICATION FOR EMPLOYMENT

PLEASE CIRCLE	MR MRS MISS MS	PLEASE TICK	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FIRST NAME		MIDDLE NAME	
SURNAME			
ADDRESS			
TOWN/ SUBURB		POST CODE	
TELEPHONE CONTACTS HOME: MOBILE: EMAIL:	DATE OF BIRTH: (FOR PAYROLL PURPOSES ONLY) DAY: MONTH: YEAR: COUNTRY OF BIRTH:		
<ul style="list-style-type: none"> • AGREEMENT TO UNDERGO MEDICAL EXAMINATION (INCLUDING URINE & BLOOD TEST FOR DRUGS & ALCOHOL): • AGREEMENT TO BE TESTED AND VACCINATED FOR Q FEVER: <p>(PLEASE NOTE: IF YOU ARE CURRENTLY PREGNANT OR THERE IS A POSSIBILITY THAT YOU ARE PREGNANT, DUE TO ASSOCIATED MEDICAL RISKS TO THE UNBORN FOETUS, YOU WILL NOT BE ABLE TO BE VACCINATED)</p>			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
EDUCATION DETAILS <ul style="list-style-type: none"> • CURRENTLY ATTENDING SCHOOL/ UNIVERSITY? <ul style="list-style-type: none"> ○ IF YES, YEAR/ LEVEL: ○ IF NO, HIGHEST EDUCATION LEVEL ACHIEVED: • YEAR LEFT SCHOOL: • NAME OF SCHOOL/ UNIVERSITY (CURRENT OR LAST ATTENDED): • LOCATION: 			<input type="checkbox"/> YES <input type="checkbox"/> NO

3. LICENCES, CERTIFICATES & SKILLS

I HAVE QUALIFICATIONS IN (PLEASE TICK)						
LICENCE		LICENCE/ CERTIFICATE NUMBER	STATE OBTAINED	DATE OBTAINED	EXPIRY DATE	COPY ATTACHED
DRIVERS LICENCE	<input type="checkbox"/>					<input type="checkbox"/>
FORKLIFT LICENCE	<input type="checkbox"/>					<input type="checkbox"/>
MOTORBIKE LICENCE	<input type="checkbox"/>					<input type="checkbox"/>
HC LICENCE	<input type="checkbox"/>					<input type="checkbox"/>
HEAVY RIGID LICENCE	<input type="checkbox"/>					<input type="checkbox"/>
SENIOR FIRST AID	<input type="checkbox"/>					<input type="checkbox"/>
OCCUPATIONAL FIRST AID	<input type="checkbox"/>					<input type="checkbox"/>



4. LANGUAGES KNOWN

CAN YOU SPEAK, READ & WRITE IN ENGLISH	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IS ENGLISH YOUR NATIVE LANGUAGE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
ARE YOU FLUENT IN OTHER LANGUAGES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IF YES, PLEASE LIST:	SPEAK ONLY	READ & WRITE ONLY	BOTH
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I HAVE EXPERIENCE IN (PLEASE TICK)				
<input type="checkbox"/> SLAUGHTERING	<input type="checkbox"/> BONING	<input type="checkbox"/> OFFAL	<input type="checkbox"/> FORKLIFT DRIVING	<input type="checkbox"/> FITTING & TURNING
<input type="checkbox"/> MK SLAUGHTERING	<input type="checkbox"/> SLICING	<input type="checkbox"/> RUNNERS	<input type="checkbox"/> PICK & PACKING	<input type="checkbox"/> ELECTRICIAN
<input type="checkbox"/> GUTTING	<input type="checkbox"/> BAND SAW	<input type="checkbox"/> TRIPE CLEANING	<input type="checkbox"/> DISPATCH	<input type="checkbox"/> REFRIGERATION
<input type="checkbox"/> WHIZZARD KNIVES	<input type="checkbox"/> TRIMMING	<input type="checkbox"/> MACHINE OPERATION	<input type="checkbox"/> TRUCK DRIVING	<input type="checkbox"/> WATER TREATMENT
<input type="checkbox"/> TRIMMING	<input type="checkbox"/> PACKAGING	<input type="checkbox"/> LABOURING	<input type="checkbox"/> INDUSTRIAL CLEANING	<input type="checkbox"/> SHUTDOWN WORK

5. GENERAL EMPLOYMENT HISTORY

PREVIOUS EMPLOYMENT WITH T&R COMPANIES	YES	NO
• HAVE YOU EVER BEEN EMPLOYED OR WORKED AT ANY OF T&R'S COMPANIES?	<input type="checkbox"/>	<input type="checkbox"/>
• HAVE YOU EVER APPLIED AND WITHDRAWN YOUR APPLICATION FROM A POSITION AT ANY OF T&R'S COMPANIES?	<input type="checkbox"/>	<input type="checkbox"/>
• HAVE YOU EVER APPLIED AND BEEN UNSUCCESSFUL IN GAINING A POSITION AT ANY OF T&R'S COMPANIES?	<input type="checkbox"/>	<input type="checkbox"/>



LIST YOUR LAST THREE (3) EMPLOYERS OR ATTACH RESUME

1. CURRENT / MOST RECENT EMPLOYER			
COMPANY			
JOB TITLE			
DUTIES			
DATE FROM		DATE TO	
DIRECT REPORT		CONTACT NUMBER:	
REASON FOR LEAVING			
AGREEMENT TO CONTACT EMPLOYER FOR REFERENCE PURPOSES IF REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO			

2. PREVIOUS EMPLOYER			
COMPANY			
JOB TITLE			
DUTIES			
DATE FROM		DATE TO	
DIRECT REPORT		CONTACT NUMBER:	
REASON FOR LEAVING			
AGREEMENT TO CONTACT EMPLOYER FOR REFERENCE PURPOSES IF REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO			

3. PREVIOUS EMPLOYER			
COMPANY			
JOB TITLE			
DUTIES			
DATE FROM		DATE TO	
DIRECT REPORT		CONTACT NUMBER:	
REASON FOR LEAVING			
AGREEMENT TO CONTACT EMPLOYER FOR REFERENCE PURPOSES IF REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO			



6. SELF EVALUATION FORM

PLEASE RATE YOURSELF IN THE FOLLOWING QUESTIONS USING THE RATING SYSTEM DETAILED BELOW

1	2	3	4	5
BELOW AVERAGE	LESS THAN AVERAGE	AVERAGE	BETTER THAN AVERAGE	ABOVE AVERAGE

- | | | | | | |
|--|---|---|---|---|---|
| 1. FITNESS AND HEALTH | 1 | 2 | 3 | 4 | 5 |
| 2. PUNCTUALITY | 1 | 2 | 3 | 4 | 5 |
| 3. ABILITY TO ADHERE TO STRICT POLICIES AND GUIDELINES | 1 | 2 | 3 | 4 | 5 |
| 4. ABILITY TO FOLLOW DIRECTIONS AND INSTRUCTIONS | 1 | 2 | 3 | 4 | 5 |
| 5. WILLINGNESS TO LEARN | 1 | 2 | 3 | 4 | 5 |
| 6. ABILITY TO WORK IN A TEAM ENVIRONMENT | 1 | 2 | 3 | 4 | 5 |
| 7. ABILITY TO WORK WITHIN A MULTICULTURAL ENVIRONMENT | 1 | 2 | 3 | 4 | 5 |
| 8. ABILITY TO STAND FOR LONG PERIODS OF TIME | 1 | 2 | 3 | 4 | 5 |
| 9. ABILITY TO WORK IN A COLD ENVIRONMENT | 1 | 2 | 3 | 4 | 5 |
| 10. ABILITY TO PERFORM REPETITIVE TASKS | 1 | 2 | 3 | 4 | 5 |

11. MAJORITY OF POSITION AT T&R REQUIRE A HIGH LEVEL OF PHYSICAL DEMAND. ARE THERE ANY PREVIOUS OR EXISTING CONDITIONS THAT MAY IMPACT ON YOUR ABILITY TO PERFORM PHYSICALLY DEMANDING JOBS?

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12. WHY DO YOU BELIEVE YOU WOULD BE SUITABLE FOR THIS POSITION?

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ANY OTHER INFORMATION THAT YOU THINK IS RELEVANT:

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I,..... DECLARE THAT THE INFORMATION PROVIDED BY ME TO THE T & R GROUP OF COMPANIES IN CONNECTION WITH THIS APPLICATION FOR EMPLOYMENT IS TRUE AND CORRECT.

I AUTHORISE THE COMPANY TO OBTAIN SUCH INFORMATION, AS IT MAY CONSIDER NECESSARY TO VERIFY ALL THE INFORMATION IN THIS APPLICATION PACKAGE.

I UNDERSTAND ANY OFFER OF EMPLOYMENT IS CONDITIONAL UPON SUCCESSFUL COMPLETION OF THE RECRUITMENT PROCESS WHICH MAY INCLUDE MEDICAL EXAMINATION AND TESTING. I ALSO UNDERSTAND AND AGREE THAT ANY FALSE OR MISLEADING STATEMENTS MADE IN THIS APPLICATION PACKAGE WILL BE SUFFICIENT CAUSE FOR MY REJECTION AS AN APPLICANT, OR INSTANT DISMISSAL IF EMPLOYED.

SIGNATURE.....

DATE / /