

Moe Meat Packers

ABN 85 005 517 019

330 Moe Walhalla Rd

Tanjil South Vic 3825

Phone (03) 5127 4000

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Email: HR@MoeMeat.com.au

EMPLOYMENT APPLICATION AND DECLARATION FORM

PERSONAL DETAILS

Surname		Given names	
Address			
			Post code
Date of birth	Driver's licence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile phone		Home phone	
Email (Payslip will be sent to this)			
Bank BSB (six numbers)		Bank Account Number	
Tax File Number			
Superannuation Company		Member Number	

EMERGENCY CONTACT DETAILS

Name	Phone
Address	

OTHER INFORMATION

Forklift Licence Yes No Please list any special skills, training or licences you have

Have you ever worked in an abattoir or boning room? Yes No

If 'yes' - what was the name of the company?

what type of work did you perform?

If you have worked at Moe Meat before - approximately which year did you leave? _____

what section did you work in? _____

If your application is successful, are you prepared to undergo further company training, when required, at the company's expense? Yes No

Have you started or completed a traineeship in any other industry? Yes No

If 'yes', please give details _____

A requirement all employees, when applying for work at Moe Meat Packers, have had a medical examination to ensure that there is no impediment to them handling or preparing fresh meat or meat products, and a drug/Alcohol "Cup test". Are these results attached Yes No

All employees of Moe Meat Packers Pty Ltd must be vaccinated against Q Fever

Have you had a Q Fever vaccination? Yes No

If not, would you be prepared to have one? Yes No

Applicant's signature _____

Date _____

EMPLOYMENT HISTORY

You may skip this page ONLY if you have attached a resume

Employer name _____ Location _____

Duties _____

Dates employed: From _____ To _____

Reason for Leaving _____

Employer name _____ Location _____

Duties _____

Dates employed: From _____ To _____

Reason for Leaving _____

Employer name _____ Location _____

Duties _____

Dates employed: From _____ To _____

Reason for Leaving _____

Employer name _____ Location _____

Duties _____

Dates employed: From _____ To _____

Reason for Leaving _____

What other skills, qualifications and experience do you have that may aid your application?

Applicant's signature _____

Date _____

REQUIREMENTS OF THE POSITION

The nature of abattoir work is such that any employee must be physically fit so as to enable them to perform the duties that are available at Moe Meat Packers Pty Ltd

The requirements and tasks that an employee must be able to perform are:

- Push, pull, lift, slide, carry and manoeuvre cartons of beef HEAVY
- Push, pull, lift, slide, and manoeuvre beef carcasses and parts thereof HEAVY
- Trim beef cuts, beef carcasses and offal REPETITIVE
- Pack meat into cartons HEAVY / REPETITIVE
- Wrap meat in appropriate packaging HEAVY / REPETITIVE
- All work is done whilst standing and/or walking
- Ancillary tasks involved in the processing of the above
- Cleaning: use of chemicals, hot water, wet floor

Each applicant is required to disclose any health condition, which may have an effect on them performing the duties and tasks required of them. Failure to properly disclose, or the making of false or misleading statements may jeopardise any appointment or make the applicant liable to dismissal if you have been appointed.

Full and frank disclosure on the attached Medical Questionnaire is required to be made by the applicant.

For Workers Compensation purposes and in accordance with Section 82 (7) of the Accident Compensation Act 1985, you are required to disclose all pre-existing injuries and diseases suffered by yourself of which you are aware which might be affected by the nature of the duties and tasks at Moe Meat Packers Pty. Ltd.

Failure to make such a disclosure, or the making of a false or misleading disclosure, will result in Section 82 (8) of the Act applying. Section 82(8) of the Act provides that where a recurrence, aggravation, exacerbation or deterioration of a pre-existing injury or disease arises out of or in the course of employment with Moe Meat Packers Pty. Ltd., it will not entitle the worker to compensati

I acknowledge and understand the above:

Applicant's signature _____

Date _____

HEALTH

Have you ever suffered from any of the following conditions:

- | | | |
|--|------------------------------|-----------------------------|
| Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High blood pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hernia | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dermatitis / other skin conditions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fits / Blackouts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Epilepsy / fainting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Head injuries / concussion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headaches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pain or swelling in the forearm or fingers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pain in the wrist with numbing of fingers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pain or swelling in the elbow | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any infectious disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any other chronic or long term condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any psychiatric disorder or breakdown | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above was 'yes', please give details:

Applicant's signature _____

Date _____

HEALTH continued

Have you ever had any physical trouble with the following:

- | | | |
|---------------|------------------------------|-----------------------------|
| Back | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wrists / arms | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Knees | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shoulders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Neck | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above was 'yes', please give details:

Have you ever suffered any over-usage injury? Yes No

For example: Repetitive strain injury OR carpal tunnel

If 'yes', please give details:

Do you now, or have you ever, suffered any conditions, injuries or diseases not yet mentioned?

Yes No

If 'yes', please give details:

Have you ever had a Work Cover or other injury claim for compensation?

Yes No

If 'yes', please give details:

Applicant's signature _____

Date _____

RIGHT TO WORK IN AUSTRALIA

Please indicate your current residency status in Australia putting a tick next to one of the following

Please provide the relevant documentation as listed below

Australian citizen

- Full Australian birth certificate and a form of photo ID, **OR**
- Australian citizenship certificate and a form of photo ID, **OR**
- Australian passport issued on or after 22 November 1984

Australian permanent resident

- Permanent visa (ie. Correct visa label or the correct wet stamp in passport), **OR**
- Certificate of evidence of resident status.

New Zealand citizen

- Current New Zealand passport with the correct wet stamp.

Non citizen / resident with work rights

- "Authority to obtain details of work rights status from DIMA" form **AND**
- Department of immigration and ethnic affairs visa evidence card with a visa label that gives you work rights, **OR**
- Document for travel to Australia with a visa label that gives you work rights, **OR**
- Valid passport with a visa label that gives you work rights

Declaration

I declare that all the information and relevant documentation provided are to the best of my knowledge, true & correct. I am aware that to provide false Identification documents is punishable by law and if employed by our company will result in termination of employment and notification of the relevant Government Authority(s).

Print name _____

Applicant's signature _____

Date _____

APPLICANT DECLARATION

As a condition of my application for employment I agree to the following.

- 1 I agree to undergo a medical examination to determine my physical suitability for employment as required and the results to be made available to the company.
- 2 I agree to be tested for Q fever antibodies and be vaccinated if appropriate with the results made available to the company.
- 3 I agree to be tested for prohibited drugs and the results made available to the company. I understand that I will not be offered a position if the results are positive.
- 4 I agree to my past employers (other than my present employer) being requested to furnish a confidential report on my service and any other information that will assist in the determination of my suitability for employment. In the event of my accepting employment with the company I agree to a similar report being sought from my present employer.
- 5 I accept and understand that that the undertaking the Moe Meat Packers P/L assessment program does not constitute an offer of employment and may not result on an offer of employment being made. No communication shall be entered into regarding non offers of employment.
- 6 If I accept an offer of employment, I agree to adhere to all company policies, procedures and employment conditions that are applicable at the time of commencement and that may be in force from time to time. I am aware that an offer of employment will be probationary and I will be employed as a casual or daily hire[#] employee as required for a period without obligation for the company to provide continuing employment (casual, daily or weekly).
- 7 If I accept an offer of employment, I agree that if I do not present for work on any day during the first week of my employment, I may have the cost of the pre employment assessment deducted from my wages for that period.

I hereby declare that all the information above is true and correct. I am aware that if I am offered employment and any information I have supplied is found to be false or misleading it will justify the termination of my employment.

Applicant's signature _____

Date _____

Parent/Guardian signature _____

Date _____

(If applicable)

Meat Industry Award 2010

The daily hire employee will be employed by the day or shift or part thereof as the case may be, **without breaking service** for the purposes of the award and the National Employment Standards as to payment for public holidays, personal/carer's leave and annual Leave