
Employer: _____ **Location:** _____

Period of Employment: From: _____ To: _____

Contact for Reference: Name: _____ **Position:** _____ **Number:** _____

What jobs did you do?: _____

Why did you leave?: _____

Employer: _____ **Location:** _____

Period of Employment: From: _____ To: _____

Contact for Reference: Name: _____ **Position:** _____ **Number:** _____

What jobs did you do?: _____

Why did you leave?: _____

Do you give permission for Wadmin Pty Ltd to contact your previous and former employers. Please Tick. Yes No

Referees: Please indicate TWO referees with correct contact details

Name: _____ **Company:** _____ **Phone:** _____

Name: _____ **Company:** _____ **Phone:** _____

Emergency Contacts # 1

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Emergency Contacts # 2

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Please read and tick the following application conditions: A tick will represent that you agreed with the condition,

- I am willing to undertake a medical assessment that could include drug tests. In the event that I am employed and sustain an injury on while in the employ of Wadmin Pty Ltd I am willing to undertake a medical examination that may include alcohol and drug testing.
 - I understand that if employed by Wadmin Pty Ltd my initial employment is subject to a satisfactory probationary period of 6 months, however this probationary period may be reduced subject to a satisfactory work performance and attendance.
 - I also understand that during this probationary employment period my employment may be terminated without notice or reason. Subject to the completion of a satisfactory probationary period I may be offered continued employment or my probation extended.
 - I understand that any false or misleading information will preclude me from employment and I also understand that if employed and it is found that I have provided false or misleading information it may result in termination of my employment.
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Pre-employment checks required prior to applying for a position with Wadmin Pty Ltd Pty Ltd. A tick will represent that you agreed with the condition,

- I have undergone hand check by a Medical Practitioner in order to show that there is no impediment for me to be employed by Wadmin Pty Ltd Pty Ltd to handle, prepare and pack fresh meat.
- Evidence provided

It is a requirement that all employees be protected from Q Fever. If you have been previously vaccinated for Q Fever or have tested positive to Q Fever please indicate here by ticking the appropriate box.

- | | |
|--|--|
| <input type="checkbox"/> Not Vaccinated | <input type="checkbox"/> Vaccinated |
| <input type="checkbox"/> Tested Positive | <input type="checkbox"/> Evidence provided |
-

A tick will represent that you agreed with the conditions.

- I understand that if I sustain an injury on company premises or am responsible/or in part responsible for an injury occurring on company premises, I unconditionally agree to undergo Drug and alcohol Testing to detect the presence of alcohol, illegal drugs or both within my system. I also agree to undergo drug and alcohol testing in compliance with the Company's Drug and Alcohol Policy.
 - I agree that my employment with Wadmin Pty Ltd depends on the information supplied by me on this application form and the Pre-employment Medical Questionnaire. I also understand that if any of the information given by me is false or I do not believe it to be true in any way then I may be instantly dismissed.
 - I understand that if I do not fulfil the conditions of employment, as explained to me at pre-employment induction, then termination of my employment may result.
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Have you worked for John Dee Meat Processors or any of its associated or former company's before. Yes No
If so, when, and why did you leave.

I declare that the information I have provided is true and correct.

I _____ do state that in signing this application I understand that all the information I have given is true and correct.

Name: _____

Signature: _____

Date : _____