
Employer: _____ **Location:** _____
Period of Employment: From: _____ To: _____
Contact for Reference: Name: _____ **Position:** _____ **Number:** _____
What jobs did you do?: _____
Why did you leave?: _____

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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.

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.
-

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.?

Guidelines for entering the plant

When entering the plant at anytime, ensure you are wearing appropriate fully enclosed footwear. Thongs, sandals, etc are not permitted.

Failure to follow this directive will mean that you will be asked to leave the plant immediately.

Smoking is only permitted in the marked area adjacent to the personnel office. Smoking is **not** permitted in the walkway leading from the car park.

Children are **NOT** permitted on plant at **ANY** time.

Parking is only permitted in the company car park. **DO NOT** park anywhere else on site.

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 : _____