## JOHN DEE WARWICK PTY LTD

# **Employment Application**

# Thank you for applying to work with us at John Dee Warwick. Please print clearly and answer all questions.

Given Name:	Surname (Fan	Surname (Family) Name:		
Residential Address:				
Date of Birth:	Home Phone:	Mobil	e:	
Emergency Contact Person:		Phone:Relationship:		
Do you have an understanding Do you need assistance in com For Overseas applicants, please  VISA documentation s	e. Yes \( \text{No} \( \text{If yes, what is yo} \) and comprehension of the Engli pleting this application for employ provide the following supportive showing the currency of time allowing the presented at the integral of the second	sh language. Yes □ No □ byment form. Yes □ No e documentation with th bwed to stay in Australia	his application.	
Act 2011. Work in the red med with a prior history of certain t industry. To allow John Dee W	responsible employer committed at industry is physically demanding ypes of physical injury or illness arwick Pty Ltd to ensure that we elevant medical history and capa	ng and not all persons a may be at risk of develo do not expose you to ris	re physically suited ping further injury	to this work. Workers from work in our
	you ever or do you suffer from	an injury or medical cor	ndition related to	the following;
(please tick) Diabetes Yes □ No □ Migraines Yes □ No □ Epilepsy Yes □ No □ Allergies Yes □ No □ Asthma Yes □ No □	Heart Condition Back injury or complaint Tennis Elbow Tendonitis Knee/ s	Yes   No   Yes   Yes	Hearing Loss Ulcers Hernia Dermatitis Mental Illness	Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No
Shoulder/s Yes  No Ankles Yes No	Feet Elbows	Yes $\square$ No $\square$ Yes $\square$ No $\square$	Hands Arthritis	Yes $\square$ No $\square$ Yes $\square$ No $\square$
,	│ Own transport │ Coi │ Year 10 │ Year 11	□ Year 12 \		finish:
Computer knowledge:	one $\square$ Basic	☐ Intermediate	□ Advanced	
Employer:	Employment Histor	y (From Most Recent) _Location:		
Period of Employment: From:	Т			
Contact for Reference: Name:		Position:		Number:
What jobs did you do?:				
Why did you leave?:				

#### JOHN DEE WARWICK PTY LTD

Emp	loyer:	Location	on:			
Perio	od of Employment: From:	To:				
Contact for Reference: Name:		Positio	n:	Number:		
Wha	t jobs did you do?:					
Why	did you leave?:			······································		
Emp	loyer:	Location	n:			
Perio	od of Employment: From:	To:				
Contact for Reference: Name:		Positio	n:	Number:		
Wha	t jobs did you do?:					
Do y	ou give permission for John De	ee Warwick Pty Ltd to contact your	r previous and former emp	loyers. Please Tick. Yes 🗆 No 🗆		
Refe	erees: Please indicate TV	VO referees with correct contact de	etails			
Nam	e:	Company:	Phone:			
Nam	e:	Company:	Phone:			
Eme	rgency Contacts # 1					
Nam	e:	Relatio	nship:	<del></del>		
Addr	ress:		Phone:			
Eme	rgency Contacts # 2					
Nam	e:	Relatio	nship:			
Address:			Phone:			
Pleas	se read and tick the following a	application conditions: A tick will re	epresent that you agreed v	with the condition,		
		edical assessment that could including loy of John Dee Warwick Pty Ltd I aing.	_			
	I understand that if employed by John Dee Warwick 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.					
	•	tand that any false or misleading information will preclude me from employment, and I also understand that if ed and it is found that I have provided false or misleading information it may result in termination of my				
	Pre-employment checks req	uired prior to applying for a position ith the condition,	on with John Dee Warwick	Pty Ltd Pty Ltd. A tick will		
	<del>-</del>	s by a Medical Practitioner to show y Ltd to handle, prepare and pack fr	·	nt for me to be employed by		
	Evidence provided					

## JOHN DEE WARWICK PTY LTD

	•		be protected from Q Fever. If you have been previously vaccinated for Q Fever or indicate here by ticking the appropriate box.				
	Not Vaccinated		Vaccinated				
	Tested Positive		Evidence provided				
A tic	k will represent that you agi	reed with the	e 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 John Dee Warwick 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 give 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.						
	you worked for John Dee M o, when, and why did you lea		ors or any of its associated or former companies before. Yes $\square$ No $\square$				
Parki Child Foot Failu Smol	ren - Please be advised for in wear - When entering John I re to follow this guideline ma	d in the comp nsurance purp Dee Warwick, ay mean that	pany car park. Please do not park anywhere else on site.  poses we are unable to permit children to be on site.  , please wear fully enclosed footwear. Thongs, sandals, etc are not permitted.  t you will be asked to leave.  arked area near the personnel office. Smoking is not permitted in the walkway				
	you of Aboriginal or Torre t is your Citizenship/Nationa		nder origin? No Yes Yes				
I ded	clare that the information	I have provi	ided is true and correct.				
I give	n is true and correct.	do state	te that in signing this application I understand that all the information I hav				
Nam	ne:		Signature:				
Date	e:						