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**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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What jobs did you do?: \_\_\_\_\_

Why did you leave?: \_\_\_\_\_

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**Do you give permission for John Dee Warwick Pty Ltd to contact your previous and former employers. Please Tick. Yes  No**

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**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: \_\_\_\_\_

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**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 John Dee Warwick Pty Ltd I am willing to undertake a medical examination that may include alcohol and drug testing.
  - 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.
  - 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 John Dee Warwick Pty Ltd Pty Ltd. A tick will represent that you agreed with the condition,**

- I have undergone hand check by a Medical Practitioner to show that there is no impediment for me to be employed by John Dee Warwick 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.

- Not Vaccinated                       Vaccinated  
 Tested Positive                       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 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 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 companies before. Yes  No   
If so, when, and why did you leave.?

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**Guidelines for entering John Dee Warwick**

Parking - Parking is only permitted in the company car park. Please do not park anywhere else on site.  
Children - Please be advised for insurance purposes we are unable to permit children to be on site.  
Footwear - When entering John Dee Warwick, please wear fully enclosed footwear. Thongs, sandals, etc are not permitted. Failure to follow this guideline may mean that you will be asked to leave.  
Smoking - Smoking is only permitted in the marked area near the personnel office. Smoking is not permitted in the walkway leading from the car park.

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Are you of Aboriginal or Torres Strait Islander origin? No  Yes

What is your Citizenship/Nationality \_\_\_\_\_

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 : \_\_\_\_\_