

Blue Investment (WA) Pty Ltd

Application for Casual Employment Form

Position applied for:			
Surname:		First names:	
Address:			
Phone:	home	mobile	
Date of birth:		Age:	

In case of an emergency notify:			
Name & Address:		Phone	home: mob:

Worker to complete: (please circle your answer, these may be discussed further)			If Yes, please explain
Have you previously worked for Jiffy Foods?	Yes	No	
Have you been convicted of a criminal offence in the past ten (10) years?	Yes	No	
Do you have a current Drivers License? Class: _____ License Number: _____ Expiry: _____	Yes	No	
Have you ever had your Drivers License disqualified?	Yes	No	
Are you a permanent resident of Australia? If NO – Visa No. _____ Exp: _____	Yes	No	
Are you willing to take random alcohol and other drug tests?	Yes	No	
Have you planned any holidays or trips over the next twelve (12) months?	Yes	No	
Do you agree to work four initial training shifts in your first fortnight to be paid after 30 days of continuous employment?	Yes	No	
Known allergies: Medications Foods Other (specify)	Yes	No	

Physical/Health History

IMPORTANT

Section 79 of the Workers Compensation and Rehabilitation Act 1981

“Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he/she claims compensation for a disability, wilfully and falsely represented themselves as not having previously suffered from a disability, a dispute resolution body may in its discretion refuse to award compensation which otherwise would be payable.”

Worker to complete: (please circle your answer, these may be discussed further)			If Yes, please explain
Have you had time off work in the last year for illness or injury?	Yes	No	
Are you currently being treated by a doctor for any illness or injury?	Yes	No	
Have you had an injury or illness which may impact on your ability to do the job?	Yes	No	
Have you a current Worker's Compensation claim?	Yes	No	
Do you or have you ever had back, neck, shoulder, knee or joint problems?	Yes	No	
Known allergies:	Medications	Yes	No
	Foods		
	Other (specify)		

Place an tick in the circle beside each activity with which you have difficulty

<input type="checkbox"/> Crouching	<input type="checkbox"/> Climbing a ladder	<input type="checkbox"/> Walking on rough ground
<input type="checkbox"/> Standing for two hours	<input type="checkbox"/> Kneeling	<input type="checkbox"/> Sitting for two hours
<input type="checkbox"/> Gripping firmly with both hands	<input type="checkbox"/> Lifting or bending	<input type="checkbox"/> Turning your head rapidly
<input type="checkbox"/> Hearing a normal conversation	<input type="checkbox"/> Using hand tools	<input type="checkbox"/> Repetitive movements of the hands or arms
<input type="checkbox"/> Understanding English	<input type="checkbox"/> Reading ordinary print	<input type="checkbox"/> Concentrating on what you are doing

Please comment on those marked with a tick

Details of any Qualifications, Certificates or Training		
Dates	Training/Certificate	Training Agency

Details of previous employers				
Dates	Company	Position	Duties	Reason for leaving

List three professional referees:

Name	Company	Address	Position	Phone

Declaration

I agree to take a drug test at any time required by the employer and at the cost of the employer and fully understand that the use or association with such substances as drugs and alcohol in the workplace will not be tolerated.

I also understand that carrying out any criminal act, including theft, at the workplace will result in instant dismissal.

I agree to sign a Deed of Confidentiality and Restraint of Trade.

I solemnly declare that each and every answer above is true to the best of my knowledge and belief. I understand that any false or misleading information may result in termination of employment.

Applicant's signature:		Date:	
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