

APPLICATION FOR EMPLOYMENT

First Name	Family Name	Gender M F
Street Address		
Suburb		Postcode
Date of Birth	Home Telephone	Mobile Telephone
Main Language Spoken	Do you require assistance with the English language? Yes No	
Do you have a Driver's Licence? Yes No		If yes, what type of licence?
Licence Number -		
Do you have your own vehicle? Yes No		Do you have any other tickets/licences? E.g. forklift
What shifts are you available to work? Day Afternoon Night		When are you able to start work with Agresolve?
Do you have any health problems or medical conditions which affect your ability to perform any physical labouring tasks? Yes/No If so, please list briefly what you cannot do?		
List the skills you have which relate to the agricultural, horticultural or food processing industries		
Please complete the following details listing your last 3 places of employment		
Company name 1		
Location		
Position		Date employed - From To
Main responsibilities		
Reason for leaving		
Referee	Position	Telephone number

Company name 2		
Location		
Position	Date employed - From To	
Main responsibilities		
Reason for leaving		
Referee	Position	Telephone number

Company name 3		
Location		
Position	Date employed - From To	
Main responsibilities		
Reason for leaving		
Referee	Position	Telephone number

Can we contact your previous employer for a reference check Yes No

HEALTH ASSESSMENT

Do you have or have you ever had any of the following	Yes	No	If Yes please give details
Asthma, hay fever, bronchitis, sinus or lung problems			
Dislocation of any joint or broken bones			
Sore back, muscle problems or strains			
Sore neck			
Motor vehicle injuries			
Hernia operation			
Dermatitis, Tinea or other skin irritation			
Head injuries including concussion			
Problems with hearing			
Can you work in cold conditions?			
Do you take medicine to help you be healthy			
Have you been admitted to hospital for more than two days?			
Have you had any operations for stomach muscles rips or hernia tears?			
Do you have to have any operations in hospital in the future?			
Do you smoke cigarettes?			
Do you drink alcohol?			

Will you attend a Doctor’s appointment for a medical check if we ask you to do so? Yes No

Agresolve will pay for the medical check.

I hereby declare that all information given on this form is true and complete. I understand that any false or misleading information may lead to my continued employment being reviewed and may result in my employment with Agresolve Pty Ltd being terminated.

Signed

Dated