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| **EMPLOYMENT APPLICATION**  Sulles Pty Ltd is an equal opportunity employer.  A copy of the *Fair Work Statement* is provided to new employees upon employment commencement. | | | |
| APPLICATION  SUBMITTED ON | \_\_\_\_\_\_ / \_\_\_\_\_\_ / 2018 | | |
| **GIVEN NAMES** |  | | |
| **SURNAME** |  | | |
| **Optional**  **Optional**  **Optional** | Mr 🖵 Mrs 🖵 Miss 🖵  Male 🖵 Female 🖵  Date of Birth 🖵 🖵 / 🖵 🖵 / 🖵 🖵 🖵 🖵 | | |
| **ADDRESS** |  | | |
|  | City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code 🖵 🖵 🖵 🖵 | | |
|  | Mobile | | Land line |
|  | Email | | |
| **POSITION** | PRODUCTION TEAM MEMBER | | |
| **STATUS** | CASUAL | | |
| Have you previously worked for Sulles Pty Ltd? | | NO 🖵 YES 🖵 | |
| If YES : | | From \_\_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Reason for leaving : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Are you legally eligible to work in Australia? | | No 🖵 Yes 🖵 | |
| Do you have a criminal record?  Are you currently the subject of any criminal charge pending before any Court? | | No 🖵 Yes 🖵 : Provide further details, including dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No 🖵 Yes 🖵 : Provide further details, including dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Current Driver's licence? | | 🖵 Yes 🖵 Manual 🖵 Auto  🖵 No | |
| If you do not currently hold a Drivers Licence, how will you get to work, and home? | |  | |
| Current Forklift licence? | | 🖵 Yes Expiry \_\_\_\_ / \_\_\_\_ / \_\_\_\_  🖵 No | |
| Current commercial Transport licence?    What is the general state of your health? | | 🖵 Yes. Which Class: 🖵 MR 🖵 HR 🖵 HC 🖵 MC  🖵 No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Any long term and/or permanent medical condition/conditions**  **🖵 YES 🖵 NO** ; **provide details:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Have you ever sustained injuries from a road accident**  🖵 YES 🖵 NO ; **provide details including dates:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Any condition which restricts you from standing for prolonged periods**  🖵 YES 🖵 NO ; **provide details:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Any condition which limits bending and/or lifting**  🖵 YES 🖵 NO ; **provide details:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Any condition which limits kneeling, including prolonged kneeling**  🖵 YES 🖵 NO ; **provide details:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Do you currently have or, have you ever experienced any of the following**:  🖵 YES 🖵 NO Respiratory related illness (Asthma etc) 🖵 YES 🖵 NO Hearing difficulties and/or impairment  🖵 YES 🖵 NO Migraine 🖵 YES 🖵 NO Chronic fatigue syndrome 🖵 YES 🖵 NO Eye or visual problems  🖵 YES 🖵 NO Heart Disease  🖵 YES 🖵 NO Stroke 🖵 YES 🖵 NO Balance difficulties  🖵 YES 🖵 NO Back injury and/or back pain 🖵 YES 🖵 NO Neck injury and/or neck pain 🖵 YES 🖵 NO Left knee injury and/or left knee pain  🖵 YES 🖵 NO Right knee injury and/or right knee pain  🖵 YES 🖵 NO Left hip injury and/or left hip pain  🖵 YES 🖵 NO Right hip injury and/or right hip pain  🖵 YES 🖵 NO Left shoulder injury and/or pain  🖵 YES 🖵 NO Right shoulder injury and/or pain  🖵 YES 🖵 NO Spinal injury and/or pain 🖵 YES 🖵 NO Fainting / collapsing / passing-out / black-out 🖵 YES 🖵 NO Anxiety and/or Depression 🖵 YES 🖵 NO Epilepsy  🖵 YES 🖵 NO High blood pressure  🖵 YES 🖵 NO Low blood pressure 🖵 YES 🖵 NO Herniation rupture (hernia)  🖵 YES 🖵 NO Left wrist injury and/or left wrist pain  🖵 YES 🖵 NO Right wrist injury and/or right wrist pain  🖵 YES 🖵 NO Alcohol and/or drug dependency  🖵 YES 🖵 NO Psychiatric disorder  🖵 YES 🖵 NO Sleep disorder/sleep apnoea  🖵 YES 🖵 NO Peanut/Nut allergies  🖵 YES 🖵 NO Allergic reaction to disposable powdered gloves  If YES to any of the above, provide further information : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Disclosure of pre-existing injuries or medical conditions**  A prospective worker must, where requested in writing by a prospective employer, disclose all pre-existing injuries or medical conditions of which they are aware, that could reasonably be expected to be aggravated by performing the employment related duties. If the prospective worker is engaged before making the disclosure (or being requested to make the disclosure), his or her entitlement to compensation is unaffected.  *Workers’ Compensation and Rehabilitation Act 2003*  **Sulles has a Duty of Care responsibility**  The applicant has a duty of disclosure to provide truthful responses to each question, and failure to do so could result in disciplinary action or termination.  Are you currently taking any medication which may affect your capacity to carry out the requirements of the role you are applying for?  Yes 🖵 No 🖵  Is there anything in your personal circumstances which may affect your ability to carry out the requirements of the role you are applying for?  Yes 🖵 No 🖵 | | | | | | | | |
| Do you authorise Sulles Pty Ltd to contact your doctor to request information in relation to your ability to perform the duties involved in the position you are applying for? | | | Yes 🖵 No 🖵  If No, provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Have you ever experienced any illness and/or accident involving physical or mental impairment which may limit your ability to adequately perform the work without endangering yourself and/or other workers?  (in relation to the position you have applied for) | | | Yes 🖵 No 🖵 If YES provide further information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **If YES** what can be implemented to accommodate your limitations  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Do you have any current or pending Work Cover claims with current employers? **Yes 🖵 No 🖵**  Have you ever lodged anyWork Coverclaims in the past, with previous employers? **Yes 🖵 No 🖵** | | | | | | | | | | | |
| To demonstrate your ability to safely perform the requirements of the role you applying for, do you agree to attend and participate in medical examination with our nominated Service Provider, in addition to Drug and Alcohol screen?  Yes 🖵 No 🖵 If no, provide further information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Thinking about your most recent job, list 2 things that you enjoyed the most  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Thinking about your most recent job, what would your Supervisor/Manager tell us about you  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Thinking about your most recent job, list 2 things that you did not enjoy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Thinking about your most recent job, list 2 things that you would change, if you had the ability to change anything at all \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |  |
| **E M P L O Y M E N T H I S T O R Y** | | | | | | | | | | | |  | | | |
| **Position held / Job Title:** | |  | | | | | | | | | |
| Business name | |  | | | | Office phone: | | | | |  |
| Street address | |  | | | | | | | | | |
| Employment start date | |  | | Finish date: | | | | |  | | |
| Why did you move on? | |  | |  | | | | |  | | |
| **Position held / Job Title:** | |  | | | | | | | | | |
| Business name | |  | | | | | Office phone: | | | |  |
| Street address | |  | | | | | | | | | |
| Employment start date | |  | | Finish date: | | | |  | | | |
| Why did you move on? | |  | |  | | | |  | | | |
| **EMPLOYMENT-RELATED REFEREES** | | | | | | | | | | | |  | |
| COMPANY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MANAGERS NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OFFICE PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| COMPANY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MANAGERS NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OFFICE PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **PRE-EXISTING INJURIES AND/OR MEDICAL CONDITIONS** An employer is legally permitted to ask a prospective worker to disclose any injuries or medical conditions which the employee knows of (or a reasonable person would suspect), which would be aggravated by the duties offered by the prospective employer.  The request **must** be in writing and:  **a**) inform the prospective worker of the duties of the job; and  **b**) advise the prospective worker that if they provide false information they will not be entitled to compensation in the event that aggravation of a pre-existing medical condition occurs.  **APPLICANT DECLARATION**  **Pre-employment**   * I acknowledge that the answers to the foregoing questions are to the best of my knowledge true and correct. * I provide my consent for employment-related reference-check inquiries to be conducted. * I acknowledge that Sulles utilises such recruitment tools as pre-employment aptitude and personality tests to gain an insight into the type of person the applicant is, and how well they will fit into the culture of the organisation. Psychological tests may be used to assess an applicant’s general aptitude and personality. They may also give a prospective employer some information about the applicant’s verbal, non-verbal skills and problem-solving abilities.   **Post-employment**   * I acknowledge that any false declaration or withholding of relevant information made by me may result in the immediate termination of my employment. * I will be bound by, and at all times observe and respect such terms and conditions of employment and such policies and rules as may from time to time be communicated, specified or otherwise stipulated by Pixie Ice Cream Pty Ltd, Home Ice Cream Pty Ltd, and Sulles Pty Ltd. * I acknowledge that it is my responsibility to keep my immediate Manager informed of any change in my physical or mental health which may affect my ability to perform the normal duties of my position. * I will maintain a safe work environment and maintain a familiarity with the various safety policies and procedures relevant to my work area. * That Pixie Ice Cream Pty Ltd seeks to provide quality products and exceptional customer service, and I will carry out my duties in a manner appropriate to this mission and aims of Pixie Ice Cream. * I acknowledge that any Letter of Offer & Employment Agreement must remain confidential, and any breach by me may result in formal disciplinary action. | | | | | | | | | | | |  | | |
| **APPLICANT**  **SIGNATURE** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | | | | \_\_\_\_\_ / \_\_\_\_\_ / 2018 | |