

APPLICATION FOR EMPLOYMENT

Return To: The Recruitment Officer
Consolidated Pastoral Company Pty Ltd
Carlton Hill Station
PMB 616
Kununurra WA 6743

Enquiries To: The Recruitment Officer
Consolidated Pastoral Company Pty Ltd
Ph: (08) 91687880 Fax: (08) 91687876
Email: recruitment@pastoral.com

POSITION The applicant is required to complete all the information requested in this application form.
The information you provide will be used to make a decision on your suitability for a position.

- What position are you applying for?
- Name of Station where position is available:
- From what date will you be able to start work?
- How did you find out about this position?
- Have you ever applied for a position with this company?
- Have you ever worked for this company previously?

PERSONAL DETAILS

- MALE / FEMALE : MR / MRS / MISS / MS
- SURNAME :
- CHRISTIAN NAME(S):
- ADDRESS :
- HOME PHONE :
- WORK PHONE :
- MOBILE PHONE :
- EMAIL ADDRESS :
- DATE OF BIRTH :
- DRIVER'S LICENCE NO & EXPIRY DATE :
- NEXT OF KIN :
- NEXT OF KIN ADDRESS :
- CONTACT PHONE NO :
- RELATIONSHIP :
- HOBBIES / INTERESTS :
- SPORTS ACHIEVEMENTS :
- Have you ever been convicted of a criminal offence? YES / NO (circle one)

EMPLOYMENT HISTORY

Please provide your previous employment details: *(Start with your most recent)*

1. DATES : From:..... To:.....

POSITION :

EMPLOYER :

ADDRESS :

.....

.....

.....

CONTACT PERSON :

POSITION :

CONTACT PHONE NO :

REASON FOR LEAVING :

Can we contact this employer as part of our reference checking process? YES / NO *(circle one)*

2. DATES : From:..... To:.....

POSITION :

EMPLOYER :

ADDRESS :

.....

.....

.....

CONTACT PERSON :

POSITION :

CONTACT PHONE NO :

REASON FOR LEAVING :

Can we contact this employer as part of our reference checking process? YES / NO *(circle one)*

3. DATES : From:..... To:.....

POSITION :

EMPLOYER :

ADDRESS :

.....

.....

.....

CONTACT PERSON :

POSITION :

CONTACT PHONE NO :

REASON FOR LEAVING :

Can we contact this employer as part of our reference checking process? YES / NO *(circle one)*

REFEREES

Please provide referees, including: names, contact numbers, and relationship to you. (eg. Supervisor, etc.)

	<u>Name</u>	<u>Company</u>	<u>Contact No.</u>	<u>Relationship</u>
1.
2.
3.
4.
5.

EDUCATIONAL HISTORY

SCHOOL ATTENDED :

DATE LAST ATTENDED :

HIGHEST LEVEL ACHIEVED :

Further Education

1. INSTITUTION ATTENDED :

DATE ATTENDED :

COURSES COMPLETED :

LEVEL ACHIEVED :

2. INSTITUTION ATTENDED :

DATE ATTENDED :

COURSES COMPLETED :

LEVEL ACHIEVED :

SKILLS INVENTORY

Please indicate (YES) to your skill levels in the following areas.
Also, note corresponding licences and certificates if applicable.

<u>SKILL</u>	<u>GOOD</u>	<u>AVERAGE</u>	<u>NIL</u>	<u>QUALIFICATION</u>
Ride Horse
Ride Motorbike
Horse Shoeing
Horse Breaking
Cattle Handling
Weld – Oxy
Weld – Arc
Fencing
Handling Chemicals
Drivers Licence – Car
Drivers Licence – Motorbike
Drivers Licence – Semi and/or Truck

<u>SKILL</u> <i>(continued)</i>	<u>GOOD</u>	<u>AVERAGE</u>	<u>NIL</u>	<u>QUALIFICATION</u>
Operators Ticket – 4wd Loader
Operators Ticket – Skid Steer Loader
Operators Ticket – Grader
Mechanical Repairs – Motor Vehicle
Mechanical Repairs – Motorbike
Mechanical Repairs – Trucks
Mechanical Repairs – Plant / Machinery
Bore / Windmill Maintenance & Experience
First Aid
Farm / Feedlot Experience – feed shed
Farm / Feedlot Experience – stock yard

HEALTH DETAILS

(Tick Yes or No)

HAVE YOU EVER HAD:	YES	NO	DO YOU SUFFER FROM:	YES	NO
Asthma	Heart Complaint	.....	.....
Bronchitis	Diabetes	.....	.....
Dermatitis	Epilepsy	.....	.....
Any Allergies	Other	.....	.....
Back Problems	Are you on Medication	.....	.....

DO YOU HAVE PHYSICAL PROBLEMS WITH:

If YES, please list medical requirements.

Eye Sight	.....	.....	.....
Speech	.....	.....	.....
Hearing	.....	.....	.....

Have you been vaccinated for Q Fever? *(Please circle one)* YES NO

Do you have any special dietary requirements? *(Please circle one)* YES NO

If you have special dietary requirements, please provide details:

.....

Weight:

Height:

APPLICANT DECLARATION

To the best of my knowledge, I believe that the above statements are true and correct. I understand that any deliberately false, misleading or incomplete statements may lead to my dismissal, if employed.

I give this company permission to conduct the relevant reference checks and obtain the required information from past employers and/or other relevant parties. I understand that this will be done in an ethical and legal manner and will not compromise my current employment situation.

SIGNED:

DATE:

OFFICE USE

Reference Checks:

Referee	Comments
1.
2.
3.

Is an interview required: Yes / No
Date: Time:

Has applicant been notified:

Notes:

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