

CASUAL EMPLOYMENT APPLICATION FORM

Rivapak Pty Ltd
25 Patricks Road Mannum SA 5238
Telephone: 8569 2999
ABN 51 088 814 902
hr@rivapak.com

Have you previously applied for work or worked for this company before? Yes No

If yes, give details: _____

Position/s applied for: Clerical Forklift Operator Sorter Stacker

PERSONAL DETAILS

Name: _____

Address: _____ P/Code: _____

Postal: _____ P/Code: _____

Telephone Number: _____ Mobile Number: _____

Email Address: _____

Gender: Female Male Other Prefer not to say

Are you legally entitled to work in Australia? Yes No

Job network provider: _____ Job seeker number: _____

Current licences and certificates: (Please attach a copy)

e.g. Forklift, First aid, Driving licence

Type: _____

Type: _____

Please outline your formal education to date: _____

Do you have any skills/knowledge that may be relevant to the job? Yes No

If yes, give details: _____

Available to work From/To: (Dates) _____

Would you be able to do weekend, shift work, or reasonable overtime? Yes No

EMPLOYMENT HISTORY *(please complete this section if resume references are not available.)*

Name of Employer: _____

Position Held: _____

Dates employed from: _____ to: _____

Reason for leaving: _____

Person to contact as reference: _____ Telephone: _____

CASUAL EMPLOYMENT APPLICATION FORM

EMPLOYMENT HISTORY *(continued.)*

Name of Employer: _____

Position Held: _____

Dates employed from: _____ to: _____

Reason for leaving: _____

Person to contact as reference: _____ Telephone: _____

MEDICAL DETAILS

Do you have/have you had any difficulty with:

Standing for any length of time? Yes No

Manual handling including lifting, squatting & twisting? Yes No

Working in dusty conditions? Yes No Heat tolerance (*abnormal*)? Yes No

Wearing protective clothing? Yes No Working extended hours? Yes No

Do you have or have had any injuries/medical conditions that might affect your ability to carry out the inherent job?

Yes No

If yes, give details _____

Are you currently taking any prescribed medication that might affect your ability to carry out the inherent job?

Yes No

If yes, give details _____

Have you ever had a condition that could be exacerbated by the job, including noise induced hearing loss?

Yes No

If yes, give details _____

DECLARATION BY APPLICANT

I DECLARE

1. That I agree to undergo any medical examination to determine functional capability, vision, impairment and hearing loss (*at the expense of the employer*) as may be requested by the employer, whether before or after commencement of employment.
2. That if the above application for employment is accepted I will be bound 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 specified or stipulated by the employer.
3. I have not suffered any injuries/medical conditions which could disable me from carrying out the job or could be exacerbated by the job.
4. I understand that if I have given any false or misleading information it could result in there being no further work available for myself.
5. That the answers to the questions are to the best of my knowledge true and correct in every particular.

SIGNATURE: _____ DATE: _____