

BRIGHANN GINNING
1500 WATERCOURSE ROAD
P.O.BOX 443, MOREE 2400.
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 Email: accounts@brighann.com.au
 ABN 32 185 855 397



EMPLOYMENT APPLICATION FORM

(Please print)

Surname: _____ Given Names: _____

Gender: Male / Female

Present Address: _____ Postcode: _____

Permanent Address: _____ Postcode: _____
(for Group Certificates)

Email address: _____

Date of Birth: _____ Phone No. _____ Mobile: _____

EMERGENCY CONTACT:

Name: _____ Phone No: _____

Address: _____

EMPLOYMENT HISTORY:

Are you legally allowed to work in Australia? Yes / No

What kind of industry have you been involved in the past three years? _____

State location: _____ Position held: _____

Duties performed _____

Have you had any experience in the Cotton Ginning industry? Yes / No

When? _____

Previous Employers Name & Phone No	Dates From – To	Position:- Details of duties performed	Reason for leaving
Phone No:			
Phone No:			

QUALIFICATIONS - (Please supply a copy of appropriate qualification)

Qualification	Details and Number	Expiry Date	Copy
Trade	Yes / No		
Forklift Licence	Yes / No		
Elevated Work Platform	Yes / No		
Front End Loader	Yes / No		
Drivers Licence	Yes / No		
First Aid Certificate	Yes / No		

MEDICAL

Have you ever had treatment or consulted a doctor for any of the following disorders?

Please provide details if answered "Yes" **(Write Yes or No for each disorder)**

Blackouts/Diabetes _____	Back Injury _____
Bone Disorders _____	Hearing Loss _____
Skin Rashes _____	Allergies _____
Hernia _____	Epilepsy _____
Asthma _____	Chemical Poisoning _____

(PLEASE NOTE – ANY SUFFERERS OF ASTHMA MUST PRESENT AN ASTHMA MANAGEMENT PLAN, SIGNED BY THEIR TREATING DOCTOR)

Have you in the past five years received Workers Compensation for an industrial illness or injury?

Yes / No

If yes, please provide details _____

Do you have any objections to undergoing a hearing and lung function test? Yes / No

Do you have any objections to undergoing a Medical Examination by a Doctor? Yes / No

Do you agree to observe and adhere to all safety regulations, including the wearing of necessary personal protective equipment? Yes / No

DECLARATION – PLEASE READ CAREFULLY PRIOR TO SIGNING

**I agree to work on any shift work as required; I prefer day shift / night shift?*

**I understand that I could be subjected to a drug test prior to commencement of employment and/or random drug testing throughout my employment. Any positive results could / will lead to my suspension and / or termination.*

**I acknowledge that subject to satisfactory work performance, my employment will terminate upon being given notice by Brighann Ginning Company.*

**I acknowledge my requirement is to provide my own Safety Work Boots from the first day of my employment.*

**I certify that the above information is correct and that my employment may be terminated should any particulars be found to be false*

**I have attached a copy of my working visa (if applicable)*

Print Name: _____ Signature _____ Date: _____