

### NOTE TO APPLICANTS

Make sure your application is filled out completely and correctly; partially or incorrectly completed forms will not be considered and will be returned to the applicant.

### PERSONAL DETAILS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ State: \_\_\_\_\_ Contact No: \_\_\_\_\_

Email Address: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Male: ☐ Female: ☐ Other: ☐ \_\_\_\_\_ Country of Origin: \_\_\_\_\_

Work Entitlement: Australian Citizen: ☐ Permanent Resident: ☐ Temporary Visa Holder: ☐

Vaccination Status: Fully Vaccinated: ☐ Partly Vaccinated: ☐ Not Vaccinated: ☐

Emergency Contact: \_\_\_\_\_ Emergency Contact No: \_\_\_\_\_

Alternative Contact: \_\_\_\_\_ Alternative Contact No: \_\_\_\_\_

### PREVIOUS EMPLOYMENT

Have you previously been employed at GMP? No: ☐ Yes: ☐ → When? .....

In what capacity .....

### EDUCATION AND QUALIFICATIONS

School/Institution	Town / City	Year Completed e.g. 1998	Level of Attainment e.g. year 10

Details of other training, qualifications, skills or licenses etc.....

Can you read? Yes: ☐ No: ☐ Can you write? Yes: ☐ No: ☐ Can you do simple Maths? Yes: ☐ No: ☐

### PREFERRED POSITION APPLIED FOR

Please tick: Slaughter Floor ☐ Boning Room ☐ Maintenance ☐ Co-Products ☐

**Please Note:** GMP reserves the right to place an individual in any area of the plant as production may require.

**EMPLOYMENT HISTORY**

Include self-employment and voluntary work.

**CURRENT OR MOST RECENT EMPLOYER**

Dates of Employment	From	To
Employer's name		
Address		
Town/City		Postcode
Telephone		
Position		
Duties included		
Reason for leaving		
Referee		Telephone

**PREVIOUS EMPLOYERS**

Employer's name		From	To
Employer's address			
Employer's name		From	To
Employer's address			

**MEDICAL HISTORY**

**Please note:** These questions must be answered accurately and honestly. If your application is successful and the information is discovered to be incorrect you will be dismissed. Place an **X** in the appropriate box. Provide explanation to "Yes" answers. Answer every item.

**Have you ever suffered from or do you suffer from or are you affected by any of the following:**

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
Allergy			Goitre (cyst)			Overuse Syndrome		
Anaemia			Glandular fever			Pneumonia		
Arthritis			Hay fever			Repetitive strain injury		
Asthma			Headaches (Migraine)			-Carpal tunnel		
Black-out spells			Heart trouble Angina			Rheumatism		
Bladder trouble			Heat stroke			Seizure		
Bowel trouble			Haemorrhoids			STD (HIV)		
Bronchitis			Hepatitis A, B etc			Skin disorder		
Cancer or tumour			Hernia Inguinal etc			-Dermatitis		
Chest condition			High blood pressure			-Eczema		
Chest pains			Frequent hoarseness			-Psoriasis		
Chronic bone infection			Jaundice			-Warts		
Diabetes			Kidney trouble			Sinus trouble		
Ear trouble			Kidney stones			Stroke		
Epilepsy			Lung disorder			Stomach ulcers		
Eye trouble			Nervous breakdown			Clots legs		
Fainting or dizziness			Parkinson's Disease			Tendonitis		
Frequent colds			Persistent cough			Tenosynovitis		
Ganglion			Pleurisy			Varicose veins		

**Details of other general medical conditions:**

Other Medical Condition	Yes	No
Amputations of any parts of the body including fingers?		
Do you wear glasses or a hearing aid?		
Do your feet give you trouble when you walk or stand for long periods of time?		
Have you had trouble with your back or neck?		
Have you worn a back brace or support?		
Have you ever had any chronic back problems or back surgery?		
Have you ever had a fracture, dislocation or broken bone?		
Have you ever had a back, knee or shoulder injury or problem?		
Have you had a strain or sprain?		
Have you had pain or swelling in forearm with pain/swelling in your fingers?		
Have you had pain in your wrist with fingers/thumbs swelling, hurting or becoming numb?		
Have you had your fingers lock down when opening or closing your hand?		
Have you had pain in your elbow with extension of the pain up or down your arm?		
Have you been in hospital?		
Have you had surgery?		
Have you been advised to have or do you contemplate surgery?		
Have you received treatment for emotional problems?		
Do you use drugs?		
Do you regularly take any medication?		
Has your weight changed significantly in the last year?		
Are you allergic to chemicals, dust, sunlight or medications?		
Do you drink alcohol? If yes, what is your intake:   Daily   Weekly   Socially		
Have you ever been refused employment because of your health?		
Do you smoke cigarettes regularly? If yes, how many daily?		
Have you had a serious illness?		

**Explanation of illness:**.....

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**Do you have any other medical condition or physical disability which would prevent you from specifically working in an abattoir environment including:**

Working with livestock                      ☐ Yes      ☐ No      Explain.....

Working in wet or cold conditions        ☐ Yes      ☐ No      Explain.....

Working with knives/saws                   ☐ Yes      ☐ No      Explain.....

**Have you ever visited the following for treatment?**

	Yes	No	Treatment
A Specialist Physician			
A Chiropractor			
A Naturopath			
An Osteopath			

**WORKERS COMPENSATION**

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How many days sick leave have you taken in the last 2 years? .....

If you have had a worker's compensation claim, explain when and what for:.....

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**PRE-EMPLOYMENT DRUG TESTING**

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**Purpose:** Gundagai Meat Processors recognises that alcoholism and drug-abuse are treatable and preventable diseases. By implementing the following policy, the Company seeks to ensure the safety of all its employees and the general public. It is the intent of the Gundagai Meat Processors pre-employment drug testing policy to contribute to a safe, healthy and productive work environment by testing for drug use as part of the pre-employment physical examination.

**Policy:** Persons applying for employment with Gundagai Meat Processors will require a pre-employment screening for drug use as well as a pre-employment physical examination. The medical examination by a qualified Company designated doctor will be conducted only after a conditional offer of employment has been made. Applicants who fail either the physical examination or test positive for drug use will not be eligible for employment. Applicants shall not be employed or allowed to commence work until the drug test has been completed and the results reported to the company. Applicants who fail the drug test may take the test again.

**Payment:** The Applicant shall have the costs of the medical and drug tests deducted from his/her first pay. Such amount shall be refunded if the employee is offered continued employment after probation or if the employer terminates the employee's employment. Not if the employee chooses to leave during or prior to the end of probation.

I ..... have read the above policy and fully understand its meaning. I agree that I will complete the medical and drug screen as part of my employment process.

**Applicant's Signature** ..... **Date** .....

*Gundagai Meat Processors agree that the results of all medical examinations shall remain confidential.*

**DECLARATION**

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*I declare that the answers given by me in this employment application are complete and true, and I give permission to Gundagai Meat Processors to use this information for the sole purpose of job placement.*

*I am prepared to work overtime and/or shift work as may be required by Gundagai Meat Processors.*

*I am prepared to wear all safety equipment as Gundagai Meat Processors supply and may deem necessary.*

*I am prepared to carry out any duties Gundagai Meat Processors deem necessary with the understanding that the appropriate award conditions apply.*

**Applicant's Signature** ..... **Date** .....

*Copies of certificates, qualifications, and/or licenses must be provided and résumés may be attached.*