Application for Employment

Full Name	
Application Date	
Back Packer	
Desired Position	

APPLICATION ONLY VALID FOR 3 MONTHS

Harvey Industries Group Pty Ltd

Po Box 492, Harvey, WA 6220

Ph: (08) 9729 0000, Fax: (08) 9729 1810

A.B.N. 64 117 597 985

CONFIDENTIAL EMPLOYMENT APPLICATION

National Privacy Provisions Collection & Disclosure Statement Harvey Industries Group Pty Ltd
Harvey Industries Group Pty Ltd ("HIG") collects personal information in its capacity as an employer. Such information includes your name, address, next of kin, tax file number, bank account details and minor medical history information.

Access to personal information
Collection, maintenance and disclosure of certain personal information is governed by legislation including the Privacy Act 1988.
Your personal information may be disclosed to appropriate government authorities, such as the Australian Taxation Office, Child Support Agency and Centrelink. Information will only be provided to other parties upon written authorisation by you.
Under no circumstance will details from our computer systems be provided to mailing houses or any other party for the purposes of them soliciting for business.

Purpose of collecting personal information
The primary purpose of the collection of this personal information is for the maintenance of employee's details within our payroll system to assist with the prompt preparation of Payroll, Training, Occupational Health and Worker's Compensation reports.

Access to your information
As an Employee you may request access to the personal information that we hold about you. Please contact the Payroll / Human Resources Department.
There is no charge for Employees requesting access to their personal information.

Your right to have incorrect personal information corrected

	Application for Employment	0648-HRS- FRM 2 Rev 4 06/11/2017

If you believe Harvey Industries Group Pty Ltd may have inadvertently recorded your personal information inaccurately, it is within your rights to contact us to request the information to be corrected.

Our privacy handling policy
You may view our privacy policy document at our office. This document sets out our policies on the management of your personal information.

When you fill out this form
Where a Yes or No answer is required please put an "X" in the appropriate box.

My Trade or Skill is: ______________________________

Surname:																				
First Name:																				
Other Name:																				

Address:		Phone:	
Town:		Mobile:	
State & Post Code:		or	
Email:			

Date Of Birth:		Sex (Male or Female):	
Country Of Birth:		Nationality:	

Visa Status / Type:		Expiry Date:		First or Second Visa:	
Permanent Residency Visa Number:					

My understanding of English both written and spoken is:		Very Good		Average		Poor

Emergency Contact Details

Name:		Relationship:	
Address:		Phone:	
Town:		Mobile:	
State & Post Code:		or	

HARVEY BEEF WESTERN AUSTRALIA	# Application for Employment	0648-HRS- FRM 2 Rev 4 06/11/2017

Email:	

Personal Doctor:		Phone:	
Address:		State:	

Q fever

Have you ever been vaccinated against Q fever?		Yes		No
Can you produce your vaccination card?				
Please provide details of your vaccination				

VACCINATION FOR Q FEVER MUST TAKE PLACE PRIOR TO BEING EMPLOYED.

Position Applied for:	
Department	
Type: Full Time, Part Time, Casual	
Drivers Licence / Type	
Other Licences	
Trade Qualifications	
Highest Educational Level Achieved	

Previous Employment (Last or Current Employer First)

Previous Employer 1			
Company Name		Address	
Position held			
Commenced	Ceased	Reason for leaving	
Referee Name and Position			Contact No

Permission to contact your current employer for a Reference YES ☐ **NO** ☐

Previous Employer 2			
Company Name			Address
Position held			
Commenced	Ceased	Reason for leaving	
Referee Name and Position			Contact No

Previous Employer 3			
Company Name			Address
Position held			
Commenced	Ceased	Reason for leaving	
Referee Name and Position			Contact No

Health Summary

Your current Weight in kgs		Your Current Height in cm					
Are you currently taking any form of medication?					Yes		No
If Yes, state reason and medication prescribed							
Have you had any illness or accidents in the last twelve months?					Yes		No
If Yes, state the type of illness or accident and period of incapacity							
Do you or have you suffered any injury or illness as listed below?							

Back		Yes		No	Asthma		Yes		No	Blood Pressure		Yes		No
Muscular		Yes		No	Shoulder		Yes		No	Mental Disability		Yes		No
Knee		Yes		No	Hernia		Yes		No	Defective Hearing		Yes		No
Dermatitis		Yes		No	Epilepsy		Yes		No	Defective Eye Sight		Yes		No
Salmonella Infection (Food Poisoning)							Yes		No	Arm / Wrist		Yes		No

If you answered Yes to any of the above, please give details

Have you suffered from any other physical or mental injury, disability not listed above? If Yes, please give details

Do you suffer from any condition which may affect or be affected by the work you are applying for? If Yes, please give details

Have you ever applied or received Worker's Compensation Benefits? If Yes, please give details

Medical History

Have you ever been injured in a motor vehicle accident?		Yes		No
Have you ever been admitted as an inpatient to a hospital?		Yes		No
Have you ever undergone an operation?		Yes		No
Do you have a current workers compensation claim?		Yes		No
Have you ever claimed worker's compensation?		Yes		No
Have you ever claimed other insurance for a medical condition?		Yes		No
Have you ever received an insurance payout or lump sum for a medical condition?		Yes		No
Have you seen a doctor for a medical condition in the last 12 months?		Yes		No
Have you taken any medications in the past 12 months?		Yes		No

If you answered Yes to any of the above questions, Please provide details

Please X the box if you have you ever received treatment or medical advice for the following and provide details provide full details on the next page:

	High or low blood pressure		Hay fever/sinusitis		Spinal or neck problems
	Heart trouble		Arthritis/Rheumatism		Fracture / dislocation / broken bone
	Palpitations		Sporting injuries		Kidney or bladder problems
	Stroke		Eczema/Dermatitis		Poor eyesight/loss of eyesight
	Breathlessness on walking		Cancer/tumours		Hepatitis / jaundice / Liver trouble
	Skin Cancers		Pain on exercise		Unexplained weight loss
	Tuberculosis		Weakness in arms/legs		Bowel problems / diarrhoea / constipation
	Thyroid problems		Nervous condition		Frequent coughing / bringing up phlegm
	HIV/AIDS		Fits/seizures / epilepsy		Stomach problems / ulcers
	Allergies		Fainting / dizziness		Blood in urine or difficulty passing urine
	Hernias/ruptures		Loss of balance		Low back pain/sciatica stiffness
	Diabetes		Hearing loss		Joint injury/pain in shoulder/hip/knee/ankle
	Anxiety / depression		Skin Rashes		Asthma/bronchitis / lung problems
	Headaches / migraines		Repetitive strain overuse		Wheeze/coughing because of fumes/dust

Physical Abilities

Do you have difficulty with any of the following activities?

Hot or cold conditions?		Yes		No
Handling chemicals?		Yes		No
Working at heights?		Yes		No
Standing for long periods?		Yes		No
Kneeling?		Yes		No
Listening and hearing?		Yes		No
Working in confined spaces?		Yes		No
Wearing protective clothing and equipment?		Yes		No
Concentrating for long periods?		Yes		No
Crouching/squatting?		Yes		No
Lifting/bending?		Yes		No
Climbing a ladder?		Yes		No
Reading printed material or signs?		Yes		No
Understanding English?		Yes		No
Repetitive movements of hands and arms?		Yes		No
Any other physical difficulty?		Yes		No

If you answered Yes to any of the above questions, please provide details

Exposure to Hazards

Have you been exposed to any of the following hazards?

Loud noise/explosives/gunfire?		Yes		No
Chemicals or other hazardous substances?		Yes		No
Asbestos?		Yes		No
Radiation or heat?		Yes		No
Dust or gases?		Yes		No
Blood or body fluids?		Yes		No
Sewage or contaminated waste?		Yes		No
Pressure or vibration?		Yes		No
High level of psychological stress or excessive demands?		Yes		No
Working with animals?		Yes		No

If you have answered Yes to any of the above questions, please provide details

General

Are you prepared to work overtime?		Yes		No
Are you able to wear all supplied personal protective equipment		Yes		No
Are you prepared to undertake shift work		Yes		No
Federal Police Clearance Certificate supplied		Yes		No
Are you prepared to undergo training		Yes		No
Are you prepared to undertake a medical examination				
which includes drug, alcohol & Hepatitis C testing		Yes		No
Do you smoke?		Yes		No
Do you drink alcohol?		Yes		No
How much alcohol do you drink in a week?	Standard drinks per week =			
Are you currently employed		Yes		No
When are you able to commence work Date: / /				

Starting wage expected $	per hour OR $	per week OR $	per year

Sporting Involvements	
Hobbies	
Community Activities	

Can you please circle Yes or No

Were you asked by anyone and or an agency to pay a fee for completing this application or referring you to work at Harvey Beef?

Yes No

APPLICANTS DECLARATION AND AUTHORITY

Declaration of true and accurate information

I hereby certify that the information and answers given by me herein are true and correct to the best of my knowledge and belief and I have not withheld relevant information.

I understand that the provision of false or misleading information or the non-disclosure of relevant information on this form may result in future employment with the company being terminated.

I also understand that at the time of seeking or entering employment with Harvey Beef, in respect of which the worker claims compensation for an injury, willfully and falsely represents as not having previously suffered from the injury, the provision of false or misleading information or the non-disclosure of relevant information may result in the liability of any subsequent claim for workers' compensation being declined in accordance with Section 79 of the Workers' Compensation & Injury Management Act (WA) 1981.

Also

I hereby authorise my employer to make such and all enquiries as may be considered necessary to accurately establish my relevant medical history, to disclose provided medical information, and to be provided with medical information including medical history, tests, examinations, and hospital records.

APPLICANT:

Name__________________________ Date Of Birth ___/____/_____ Today's Date____/____/____

Signature______________________

WITNESS:

Name__________________________ Date:______/______/_______

Signature______________________

COMPANY HUMAN RESOURCE SECTION ONLY

Employment Assessment

Results from Medical

Name_____________________________________ Position _________________________________

Signature________________________________ Date___________/__________/______________

Applicants Medical and Health Authority

This form is for the purpose of Harvey Beef accessing and using medical information of the Applicant for the purposes of determining health and fitness to satisfy the inherent requirements of the position being applied for, and in the review of workers' compensation and other injury insurance claims.

Surname:	
Given Names:	
Date of Birth:	
Address:	
Telephone Number:	

For the purpose of determining my health and medical status and determining if I can fulfil the inherent physical and cognitive requirements of the position being applied for, I the person named above hereby consent to, Harvey Beef and its safety and health consultant representatives, undertaking any of the following:

- **Medical and allied health providers** - To liaise with hospital, general medical practitioner, specialist medical providers, allied health providers, rehabilitation and injury management providers - and to provide, receive, discuss, act on, and hold medical and other information related to the named person.
- **Insurance companies** - To liaise with insurance companies and insurance personnel - and to provide, receive, discuss, act on, and hold medical and other information related to the named person.
- **Statutory authorities** - To liaise with government and other statutory authorities related to medical and injury insurance information, including but not limited to, injury and insurance statutory authorities, motor vehicle authorities, public hospitals, policing agencies, or other relevant statutory authorities - and to provide or request and receive medical and other information related to the named person.
- **Previous employers or contract companies** – To liaise with any previous employer or company contracting the services of the named person - and to provide, receive, discuss, act on, and hold medical and other information related to the named person.

Medical and other information includes verbal, written and electronic information, including but not limited to, medical history, medical records, examination and test results, medical certificates, medical reports, patient notes, medico-legal reports, insurance claims and financial information, investigation reports or results, coroner reports, and the like, and includes information defined as personal information under the Privacy Act.

Harvey Beef and its authorised representatives, advise that information will be treated in accordance with the requirements of the Australian Privacy Act 1988 (Commonwealth) including the Australian Privacy Principles.

Signed:		**Date:**	
Witness Name:		**Witness Signature**	