ALEXANDER DOWNS GROUP

Name: .....

Position: .....

Date: / /

OFFICE USE ONLY					
Interviewed by					
Induction Date					
Position					
Rate of pay					
Commencement Date					
Q Fever		Drug & Alcohol		Medical	
Comments:					

EMPLOYEE'S DETAILS

Name:			
Address:			
Suburb:			Post Code:
Date of birth: / /		Marital status:	
Home phone:		Mobile:	
License Number:		License Class (i.e. C, HR)	
Email:			

EMPLOYMENT DETAILS

Have you previously worked in a Meat / Farming Industry? Yes ☐ No ☐

If yes, please give details below:

Position Held		Location		Date	
Position Held		Location		Date	

Have you previously applied for a position with the Alexander Downs Group? Yes ☐ No ☐

If yes, please give details:

EDUCATION / TRAINING

High School Attended					
From		To		Level Reached	
Further Education					
From		To		Certificate obtained	

OCCUPATIONAL LICENSES AND CERTIFICATES CURRENTLY HELD (e.g. First Aid)

EMPLOYMENT HISTORY (start with present information first)

Company		From:	To:
Position Held			
Reason for Leaving			
Company		From:	To:
Position Held			
Reason for Leaving			
Company		From:	To:
Position Held			
Reason for Leaving			

EMPLOYMENT REFERENCES (current)

Name:	Company:	Telephone
1.		
2.		

MEDICAL HISTORY (MUST BE COMPLETED)

Are you taking any medicines, tablets or having any treatment now? (If yes please give details below) Yes ☐ No ☐

Details:

Do you suffer from or have you ever had the following below: (If yes please give details)

☐ High Blood Pressure	☐ Fit/ Epilepsy	☐ Asbestos or Silicosis
☐ Heart Attack	☐ Mental/ Nervous Disorders	☐ Repetition Strain
☐ Palpitations	☐ Headaches/ migraine/ giddiness	☐ Overuse Syndrome
☐ Chest Pain/ Angina	☐ Diabetes	☐ Varicose Veins causing trouble
☐ Rheumatic Fever/ Heart Murmur	☐ Back pain/ Injury/ Sciatica	☐ Warts
☐ Stroke	☐ Joint pain / Arthritis	☐ Strain or Sprain of any kind
☐ Wheeze/ Asthmas/ Bronchitis	☐ Foot Trouble	☐ Allergies e.g. Penicillin
☐ TB Emphysema	☐ Muscle/ Tendon Trouble/ Tenosynovitis	☐ Gastroenteritis
☐ Pneumonia/ Pleurisy	☐ Painful Arm/ Tennis elbow	☐ Blood Transfusion
☐ Hay Fever/ Sinusitis	☐ Hernia	☐ Recurrent Indigestion/ Dyspepsia
☐ Stomach/ Peptic Duodenal Ulcer	☐ Skin Disorders/ Rashes	☐ Typhoid or Paratyphoid
☐ Passing/ Vomiting Blood	☐ Eye/ Vision Problem	☐ Any Chronic illness or disease
☐ Indigestion/ Bowel Disorder	☐ Ear/ Hearing Problem	☐ Serious Injury
☐ Jaundice/ Hepatitis/ Gallstones	☐ Head/ Neck Injury/ Whiplash/ Concussion	☐ Blackouts/ Fainting
☐ Kidney/ Bladder Disease/ Stones	☐ Anxiety/ Fear of Heights/ Confined Spaces	☐ Painful shoulder/ wrist

Any other illness/ undeclared conditions? (If yes please give details below)		Yes ☐	No ☐
Details:			
Have you had an accident or operation? (If yes please give details below)		Yes ☐	No ☐
Date/ Year	Details:		
Date/ Year	Details:		
Have you had an accident or operation? (If yes please give details below)		Yes ☐	No ☐
Date/ Year	Details:		
Date/ Year	Details:		

GENERAL

How many sick days have you taken during the past 12 months?

No of days:	Cause:

Are you prepared to work overtime? Yes ☐ No ☐

Are you prepared to wear all PPE supplied by the company? Yes ☐ No ☐

Are you prepared to undergo a medical examination prior to and during your employment by this company's Occupational Health Staff or a Medical Practitioner? Yes ☐ No ☐

Are you prepared to undergo random Drug & Alcohol testing if directed by the Alexander Downs Group?
Yes ☐ No ☐

Have you ever been convicted of a felony or misdemeanour? (If yes, please give details below)	Yes ☐	No ☐

Date		Disposition of case	

GENERAL

Have you ever worked with any of the following?					
☐ Chemicals	☐ Asbestos	☐ Dust	☐ Heat	☐ Noise	☐ Radiation
Have you had health problems working with these? Yes ☐ No ☐					
When was your last Tetanus Injection?					
Have you been vaccinated against Q Fever? Yes ☐ No ☐					
Have you contracted Q Fever? (If yes please give details below)			Yes ☐ No ☐		
Details:					

PREVIOUS WORKPLACE INJURIES

Date of Injury		Employer	Nature of Injury	Length of time off work
1				
2				
3				
4				

Acceptance

I certify that all statements I've made in this application are true and correct to the best of my knowledge. I agree that any miss statement may subject me to discharge at any time in the event that I am engaged. I authorise Alexander Downs to investigate and make enquiries concerning my background. I hereby release Alexander Downs or any agent appointed by Alexander Downs Group and all their respective employees from any liability related to or arising out of the exchange of such information. If I am employed by the Alexander Downs Group, I agree that my continued employment may be contingent upon satisfactorily passing a physical examination at any time to establish my capability to properly or safely perform my duties. I fully understand and appreciate that a health interview and examination, including drug and alcohol testing and Q Fever vaccination may be required. I agree that if required Medical Reports may be obtained from my Doctor and/or Specialist by the staff of Alexander Downs Group.

I understand and accept that Alexander Downs Group is a security controlled work place including the use of security cameras and the use there of. I also understand and accept that at any time during my employment at Alexander Downs Group I could be subject to a random drug and alcohol test.

Signature:	Date: