



EMPLOYMENT APPLICATION
CONFIDENTIAL.

SURNAME: _____

FIRST NAME: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE NUMBER HOME: _____

MOBILE: _____

EMAIL ID: _____

MALE FEMALE

MARITAL STATUS _____ DATE OF BIRTH _____

EMERGENCY CONTACT DETAILS

NAME _____

CONTACT No. _____

PREFERRED SHIFT (PLEASE TICK BOX) DAY AFTERNOON EITHER

HOW IS YOUR GENERAL HEALTH/FITNESS? (PLEASE TICK BOX)

EXCELLENT VERY GOOD GOOD FAIR POOR

SARGENTS PTY, LTD. A.B.N. 65 001 397 280
83 Roper Road, Colyton Sydney NSW 2760 Australia. Telephone: (02) 9623 3333 Facsimile: (02) 9623 0301
325 Chisholm Road, Auburn Sydney NSW 2144 Australia Telephone: (02) 9738 1888 Facsimile: (02) 9738 1088

HAVE YOU EVER HAD A CLAIM FOR WORKERS COMPENSATION? (PLEASE TICK BOX)

YES NO

IF "YES", PLEASE STATE THE DETAILS:

YEAR OF CLAIM NAME OF EMPLOYER INJURY

NAMES OF FRIENDS / RELATIVES WHO ARE EMPLOYED BY US:

HOBBIES AND INTERESTS _____

DO YOU HOLD A DRIVERS LICENCE? _____

DO YOU HAVE YOUR OWN TRANSPORT? _____

LANGUAGES: ENGLISH OTHER SPECIFY _____

SPEAK YES NO SPEAK YES NO
READ YES NO READ YES NO
WRITE YES NO WRITE YES NO

EDUCATIONAL QUALIFICATIONS:

SCHOOL: YEAR FINISHED _____ LEVEL ACHIEVED _____

OTHER QUALIFICATIONS

SPECIAL SKILLS: (MACHINES ETC) _____

DO YOU BELONG TO A TRADE UNION? YES NO

IF YOU DO, TO WHICH UNION DO YOU BELONG? _____

EMPLOYMENT RECORD:

START WITH THE MOST RECENT POSITION AND INCLUDE ALL PERIODS OF EMPLOYMENT:

NOTE: IF YOU ARE CURRENTLY EMPLOYED & YOU DO **NOT** WISH US TO CONTACT YOUR EMPLOYER, PLEASE TICK THIS BOX.

CURRENT OR
LAST EMPLOYER: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE NO: _____ NAME OF YOUR BOSS: _____

PERIOD EMPLOYED FROM: _____ TO: _____

REASON FOR LEAVING: _____

DUTIES: _____

2. EMPLOYER: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE NO: _____ NAME OF YOUR BOSS: _____

PERIOD EMPLOYED FROM _____ TO _____

REASON FOR LEAVING: _____

DUTIES: _____

3. EMPLOYER: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE NO: _____ NAME OF YOUR BOSS: _____

PERIOD EMPLOYED FROM: _____ TO: _____

REASON FOR LEAVING: _____

DUTIES: _____

MEDICAL HISTORY:

HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING ILLNESSES, CONDITIONS OR DISEASES: -

| CONDITION | CHECK YES/NO | |
|--|---------------------|----|
| GASTROENTERITIS – ACUTE VOMITING AND / OR DIARRHOEA INCLUDING VIRAL GASTROENTERITIS | YES | NO |
| SALMONELLA | YES | NO |
| TYPHOID & PARATYPHOID | YES | NO |
| CHOLERA, SHIGELLA & VTEC | YES | NO |
| OTHER BACTERIAL GASTROENTERITIS-COMPYLOBACTER, YERSINIA | YES | NO |
| TOXIN PRODUCING BACTERIA-STAPHYLOCOCCUS AUREUS, CLOSTRIDIUM PERFRINGENS, BACILLUS CEREUS | YES | NO |
| PARASITES – CRYPTOSPORIDIUM, ENTAMOEBIA HISTOLYTICA (AMOEBIASIS), GIARDIS LAMBLIA | YES | NO |
| HEPATITIS A AND HEPATITIS E | YES | NO |
| BOILS, ABCESSES AND OTHER PURULENT LESIONS OF HANDS, FACE OR NOSE | YES | NO |

IF YOU HAVE ANSWERED “YES” TO ANY OF THE ABOVE PLEASE PROVIDE DETAILS OF THE CONDITION AND YEAR BELOW:

REFERENCES:

WHERE POSSIBLE REFER TO PREVIOUS EMPLOYER OR PERSONS IN A SENIOR CAPACITY TO YOURSELF WHO ARE ABLE TO COMMENT ON YOUR PERFORMANCE AND WHOM WE MAY CONTACT.

| NAME | COMPANY | TELEPHONE NO |
|-------|---------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PLEASE READ CAREFULLY BEFORE YOU SIGN.

I state that what I have written here is true and correct. I give permission for Sargents Pty Limited to contact previous employers and/or referees in order to obtain information relating to my employment/association with them. I realise Sargents is a non-smoking site. I am also aware that my job may include the handling of flour. I understand that the information given in this application is to be used by Sargents Pty Limited in determining my suitability for work and is not an offer or contract of employment. I also understand if my application for employment is successful and if it becomes necessary in due course of employment, I may need to work at any of the Sargent's sites.

I understand completing the application form does not guarantee a position or interview at Sargents Pty Ltd. I understand Sargents Pty Ltd will make contact when a position may be available. If no position is available at the time of applying my name will be on the database for future possibilities. Sargents Pty Ltd is an equal employment opportunity employer.

Once you have completed your form and signed below please email to

jobs@sargents.com.au

SIGNED: _____

DATE: _____

OFFICE USE ONLY – CONFIRMATION OF EMPLOYEE DETAILS

MALE FEMALE

DATE OF BIRTH _____

ID CHECK – PLEASE ENSURE ONE OF THE BELOW IS ATTACHED TO THIS APPLICATION PRIOR TO COMMENCEMENT OF EMPLOYMENT.

DRIVERS LICENCE
BIRTH CERTIFICATE
PASSPORT
I D CARD

| | | |
|---|-----|----|
| AGE CHECK – APPLICANT IS \geq 18 YEARS OF AGE | YES | NO |
| VISA CHECK - APPLICANT HAS CURRENT WORK VISA STATUS | YES | NO |
| CITIZENSHIP: | YES | NO |
| MARRIED: | YES | NO |

| | |
|------------------|----------------------|
| START DATE _____ | PAYROLL NUMBER _____ |
| TIME _____ | BUNDY CARD NO _____ |
| | RATE _____ |

CASUAL / PERMANENT

DAY SHIFT / AFTERNOON SHIFT / NIGHT

AREA: _____

CHECKED BY: _____ DATE: _____



**Department of Immigration and Multicultural
and Indigenous Affairs**
AUTHORITY TO OBTAIN
DETAILS OF WORK RIGHTS STATUS FROM DIMIA

EMPLOYEE DETAILS

(As specified in passport or other identity document)

Family Name:

Given Name(s):

Other Name(s) used (eg maiden name):

Date of Birth: ____ / ____ / ____

Nationality: _____

Passport Number: _____

Visa Number: _____

Visa Expiry Date: ____ / ____ / ____

I authorise the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) to release the details of my work rights status (that is, my entitlement to work legally in Australia) to the employer/labour supplier named on this form.

I understand that these details are held by DIMIA on departmental files and computer systems. I further understand that the employer/labour supplier will use this information for the purposes of establishing my legal entitlement to work in Australia, and for no other purpose. I also understand that I allow release of my work rights for a period of three months from the date below.

Employee Signature:

Date: ____/____/____

EMPLOYER/LABOUR SUPPLIER DETAILS

Business Name:

SARGENTS PTY LIMITED

Business Street Address: (Please tick)

83 ROPER ROAD

COLYTON N.S.W. 2760

325 CHISHOLM ROAD

AUBURN N.S.W. 2144

Type of Business

FOOD MANUFACTURER

Name of Contact Person:

ASKIN AHMET

Telephone: (02) 9623 3333

Fax: (02) 9623 0301

Note that the employee's work rights status will be sent directly to the fax number given above. Please ensure that this number is correct.

THE COMPLETED FORM SHOULD BE FAXED TO
1800 505 550

IF ALL DETAILS MATCH WITH OUR RECORDS, THE EMPLOYEE'S WORK RIGHTS STATUS WILL BE
FAXED TO YOU WITHIN ONE WORKING DAY

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