

# Employment Application

Mark your choice like this

We collect this information to assess your suitability for employment, to help identify you, and to establish your BerryExchange employment record. It will be kept confidential and not used for any other purpose without your permission, except as required by law. If you would like a copy of the CostaExchange Privacy Policy please ask.

**You are applying for work at:**

Corindi

Tumbarumba

Fruit Picker - Blueberries

Fruit Packer

Maintenance

Fruit Picker - Raspberries

Workshop

? \_\_\_\_\_

## Your details

Family Name

Male

Female

Given Names

Preferred Name

Phone Number

Date Of Birth

# Street

Town

Postcode

**How many days can you work each week?**

5/7 days

3/4 days

1/2days

**Have you worked for us before?**

Yes

Payroll # ?

**Emergency contact**

Name

Phone

**Show evidence of your right to work in Australia** (One required – bring to induction)

Australian Birth Certificate <1986 \*

Certificate of Residence

Valid Work Visa  
(submit copy with application)

Australian Citizenship Certificate

Passport

Travel Documents

Passport Country of Issue

Passport Number

\* Birth certificate issued after 20 August 1986 may not be valid evidence of right to work. See back page for more information.

**Show evidence of your identity** (One photo ID required – bring to induction)

Australian Passport     Other Passport     Driver's Licence or similar

**Have you been convicted of a criminal offence in the last 10 years?**

Yes - give details     No   

**Do you have any medical condition that might affect fellow workers or food safety?**

Yes - give details     No   

**Do you have any allergies? (For example to bees, fruit, pollen, dust, nuts or chemicals)**

Yes - give details     No   

**Do you have any chronic pain, such as back pain or shoulder pain, or any other medical condition that may get worse with hard or repetitive physical work?**

Yes - give details     No   

**Do you take any medications that may affect performance or place you or others at risk?**

Yes - give details     No   

**For the purposes of supporting you in an emergency, do you have any medical condition which we should know about? (Such as diabetes, heart problems, epilepsy etc.)**

Yes - give details     No   

**Do you now, or have you ever had a worker's compensation claim against any employer?**

If "yes" to either question give details     No

Date	Employer	Injury	Period of Absence	Insurer

**From time to time the company may conduct health monitoring programs. Do you agree to participate in health monitoring programs authorised by the company?**

Yes     No

### Driver's licence

Licence #
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Class
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Expiry Date	/	/
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### Licences, permits, certificates (e.g. Forklift Licence, First Aid Certificate)

Skill or Qualification	Where Obtained	Type or Level

### Work history

Position	Company	Length of Time

### Referees

Name / Position	Company	Phone

### When are you available to start work?

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**The information about myself provided in this application is true. I authorise the company to verify it. I agree to abide by all safety instructions and company rules.**

Signature of Applicant
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Date	/	/
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**This completes your application.  
If you have missed any required questions your application will not be considered, so check that you have answered all questions.  
IF YOU ARE RELYING ON A WORK VISA SUBMIT IT WITH THIS APPLICATION.  
If you are offered employment bring original identity documents to induction.**

## Bank Details For Wages

## Office Use Only

## \* Proving Your Right To Work In Australia

**If... you were born in Australia after 20 August 1986,**

**And... you wish to use your birth certificate as evidence of your right to work in Australia**

- Extract from birth register - not sufficient
- Full birth certificate, but neither parent born in Australia - not sufficient
- Full birth certificate, and at least one parent born in Australia - sufficient

**CORINDI:**  
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**Picking Enquiries (02) 6649 2784**