Employment Application Form

Please take the time to complete all sections of this application form, including answering all questions and dating and signing where requested.

1. Personal Details

Name: ....

Residential address: ....

.... Postcode:..

Postal address: ....

.... Postcode:..

Home telephone number: .... Mobile: ....

Email address: ....

2. Position

Position you are applying for: ....
Preferred status (full-time, part-time or casual): ....
How did you become aware of this position?

- ☐ Online advert (Which website? ....)
- ☐ Print advert (Which paper/magazine? ....)
- ☐ An Employee
- ☐ Kingston Estate Website
- ☐ Employment Agency

3. Working Eligibility and Proof of Identity

If you are under 18 years of age at the time of completing this application, please provide your date of birth.

............/.........../...........

Are you an Australian citizen, New Zealand Citizen or permanent resident?

☐ Yes (if yes, tick the applicable):

- ☐ I was born in Australia and lived in Australia until at least 10 years old
- ☐ I worked in Australia for five or more years
- ☐ My primary and further education was in Australia
- ☐ I have lived in Australia for ten years or more

I can provide the following proof:

- ☐ Australian or New Zealand passport
- ☐ Australian birth certificate and a form of photo identification
- ☐ Evidence of Australian citizenship and form of photo identification
- ☐ Certificate of Status for New Zealand citizens in Australia and a form of photo identification
- ☐ Certificate of permanent resident status and a form of photo identification
- ☐ A passport issued by the government of another country that can be checked on VEVO and is a form of photo identification

☐ No, I am a non-citizen and attach my passport issued by the government of another country that can be checked on VEVO and is a form of photo identification

3. Employment History

Have you ever worked for Kingston Estate Wines or Kingston Vineyards? ☐ Yes ☐ No

If yes, please specify position and year:..

In the last month, have you worked in any agricultural roles (farms, fruit picking, harvesting etc.) ☐ Yes ☐ No

If yes, please specify location:..

Please list your last 3 employment situations (most recent employer first)

Employer 1: Business name: ....

Address: ....

Job title: ....

Duties/responsibilities: ....

Period of employment: From .... To ....

Reason for leaving: ....

Employer 2: Business name: ....

Address: ....

Job Title: ....

Duties/responsibilities: ....

Period of employment: From .... To ....

Reason for leaving: ....

Employer 3: Business name: ....

Address: ....

Job title: ....

Duties/responsibilities: ....

Period of employment: From .... To ....

Reason for leaving: ....

4. Referees

Please list 3 past and present employers. Referees should include a recent direct Supervisor/Manager.

Referee 1: Name: .... Position ....

Company/business name: ....

Current contact phone number: ....

Referee 2: Name: .... Position ....

Company/business name: ....

Current contact phone number: ....

Referee 3: Name: .... Position ....

Company/business name: ....

Current contact phone number: ....

5. General Information

Have you had any previous injuries or serious illnesses (including workplace injuries)?

☐ Yes ☐ No

If yes, please specify ....

....

Do you have any disability or condition (medical or otherwise) which may affect your work performance?

☐ Yes ☐ No

If yes, please specify ....

Are you on any prescribed medication that may affect your ability to operate equipment (e.g. causes drowsiness)?

☐ Yes ☐ No

If yes, please specify ....

....

Are there any other reasons that may affect your ability to perform the required duties?

☐ Yes ☐ No

If yes, please specify ....

Would you undergo a medical examination including drug and alcohol testing? ☐ Yes ☐ No

Do you have reliable transport to get to work? ☐ Yes ☐ No

Given appropriate notice, would you be able to work outside of normal hours? ☐ Yes ☐ No

Are you prepared to work weekends if the position you are applying for requires so? ☐ Yes ☐ No

Are you prepared to work alternate shifts if the position you are applying for requires so? ☐ Yes ☐ No

6. Additional Information

Please add or attach any additional relevant employment information you wish to be considered in support of your application.

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7. Declaration by Applicant

I declare the following.

a) The answers to the foregoing are to the best of my knowledge and are true and correct in every way.

b) If my application for employment is successful, I will be bound by, observe and respect all terms and conditions of my employment and policies and rules as may from time to time be promulgated, specified or otherwise stipulated by my employer.

c) I understand that any erroneous or false declaration made by me in this application may result in disciplinary action, up to and including possible dismissal.

d) I understand that if my application is successful, my employment may be subject to a satisfactory medical report provided by a Medical Practitioner nominated by the employer.

Signed: .... **Date:** ....

Applicant Qualifications

Name: ....

1. Education and Training

Please provide details of the following.
- High school, university or any higher education qualifications (completed or being undertaken)
- Other courses undertaken in the past four years (e.g. leadership training, computer applications)

Name of school, university, institution etc: ....

Education level or qualification: ....

Date completed: ....

Name of school, university, institution etc: ....

Education level or qualification: ....

Date completed: ....

Name of school, university, institution etc: ....

Education level or qualification: ....

Date completed: ....

2. Licences and Certificates

Please tick the applicable answer. Do you possess a current:

Driver's licence?	☐ Yes	☐ No	
Truck driver's licence?	☐ Yes	☐ No	If yes, LR ☐ MR ☐ HR ☐ HC ☐ MC ☐
Forklift operator licence?	☐ Yes	☐ No	
Front end loader licence?	☐ Yes	☐ No	
Elevated platform work licence?	☐ Yes	☐ No	
Safe working at heights?	☐ Yes	☐ No	
Confined space entry training?	☐ Yes	☐ No	
First Aid certificate?	☐ Yes	☐ No	
Chemical handling certificate?	☐ Yes	☐ No	

Please list any other licences and certificates you possess.

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*** If available, please attach a photocopy of your licences and training certificates.**

Signed: .... **Date:** ....

Fitness for Work

CONFIDENTIAL

Name: ....

Date: ....

Instruction to Applicants:

Questions to be completed by the applicant/employee and may be reviewed by approved hiring personnel and a Medical Practitioner.

The information sought in this health assessment remains strictly confidential.

Your employment may be subject to a Medical Assessment by a medical practitioner.

Do you consent? ☐ Yes ☐ No

Signature: ....

NOTICE REGARDING MEDICAL INFORMATION

Employers have a duty of care to ensure prospective employees are fit to safely perform the duties of the position. It is also to the advantage of potential employees that they can be placed in an appropriate position related to their individual circumstance. The aim of this pre-placement assessment is to ensure the applicant is fit to undertake the intended role and the alterations to the role, if any, which may be necessary to minimise risk of injury or illness in the workplace. Pre-employment medical assessments are necessary to determine that:

- The applicant is able to carry out the duties of the position safely.
- The applicant does not, because of a medical condition, increase risk to other workers, equipment, products or the general public.
- The worker is not going to be placed at significant risk of exacerbating existing medical conditions.

To assist in assessing your fitness for the position, you must answer the questions contained in this questionnaire truthfully and to the best of your knowledge. The information you provide will be treated as confidential.

Please note: Failure to disclose any relevant matter relating to your health or false declarations may result in your employment being terminated.

Please continue to complete all questions following.

Present and Past Medical History:
(Please select answer and provide details where necessary)

Have you had an allergic reaction to:		
Sulphur dioxide (SO_2)	☐ Yes	☐ No
Milk powder	☐ Yes	☐ No
Enzyme powders and preparations	☐ Yes	☐ No
Egg whites	☐ Yes	☐ No
Other, if yes please state:	☐ Yes	☐ No
Have you had a tetanus vaccination? Date of last vaccination:	☐ Yes	☐ No
Have you had any other recent vaccinations? Date and type of vaccination: Date and type of vaccination:	☐ Yes	☐ No
Are you currently being treated by any doctor for any illness? Details:	☐ Yes	☐ No
Are you currently taking any medication including inhalers? Details:	☐ Yes	☐ No
Have you ever suffered from back, neck or spinal problems including whiplash? Details:	☐ Yes	☐ No
Have you ever suffered any major illness or injury requiring medical attention or hospitalisation? Details:	☐ Yes	☐ No
Have you ever had a disease or injury resulting from work? Details:	☐ Yes	☐ No
Do you consume alcohol? How much per day:	☐ Yes	☐ No
Do you smoke or use recreational drugs/ substances? Details:	☐ Yes	☐ No
Do you have a fear of heights?	☐ Yes	☐ No
Are you able to walk upstairs without difficulty?	☐ Yes	☐ No
Do you have difficulties lifting heavy weights?	☐ Yes	☐ No
Do you suffer or have you suffered from RSI, tennis elbow or tenosynovitis?	☐ Yes	☐ No
Have you broken or fractured any bones?	☐ Yes	☐ No
Have you visited a physiotherapist or chiropractor?	☐ Yes	☐ No
Have you ever had an x-ray or scan of your back or neck?	☐ Yes	☐ No
Have you ever had an operation?	☐ Yes	☐ No
Do you have trouble wearing protective equipment? (ear plugs/ footwear etc.)	☐ Yes	☐ No
Are you able to crouch without difficulty?	☐ Yes	☐ No
Can you bend repeatedly?	☐ Yes	☐ No
Do you have difficulty sitting for extended periods of time?	☐ Yes	☐ No
Can you kneel, squat, crouch and stand up easily?	☐ Yes	☐ No
Do you have difficulties standing for long periods of time?	☐ Yes	☐ No

Can you perform repetitive movements of your arms?	☐ Yes	☐ No
Are you able to work comfortably in confined spaces?	☐ Yes	☐ No
Do you have any problems working above shoulder height?	☐ Yes	☐ No

Additional Information:

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Have you ever had any of the following?
(Please select answer and provide details where necessary)

Condition			**Comments**
Tuberculosis	☐ Yes	☐ No	
Rheumatic fever	☐ Yes	☐ No	
Epilepsy/ fits	☐ Yes	☐ No	
Stomach or duodenal ulcers	☐ Yes	☐ No	
Passing or vomiting blood	☐ Yes	☐ No	
Diabetes	☐ Yes	☐ No	
Dermatitis/ eczema/ psoriasis	☐ Yes	☐ No	
Recent weight loss or gain	☐ Yes	☐ No	
Cancer or tumour of any kind	☐ Yes	☐ No	
Any congenital condition	☐ Yes	☐ No	
Arthritis	☐ Yes	☐ No	
Back pain, back injury, sciatica	☐ Yes	☐ No	
Hernia	☐ Yes	☐ No	
Head injury, concussion	☐ Yes	☐ No	
Foot trouble	☐ Yes	☐ No	
Other joint injuries or conditions	☐ Yes	☐ No	
Ankle or knee trouble	☐ Yes	☐ No	
Bruising or excessive bleeding	☐ Yes	☐ No	
Injury requiring an operation	☐ Yes	☐ No	
Heart trouble, angina, chest pain	☐ Yes	☐ No	
Palpitations, irregular heart beats	☐ Yes	☐ No	
Shortness of breath	☐ Yes	☐ No	
High blood pressure	☐ Yes	☐ No	
Eye trouble	☐ Yes	☐ No	
Earache or discharge from ears	☐ Yes	☐ No	
Hearing loss/ defect	☐ Yes	☐ No	
Hay fever	☐ Yes	☐ No	
Wheezing/ asthma	☐ Yes	☐ No	
Depression	☐ Yes	☐ No	
Anxiety/ stress	☐ Yes	☐ No	
Other mental illness	☐ Yes	☐ No	
Blackouts/ fainting	☐ Yes	☐ No	
Frequent or migraine headaches	☐ Yes	☐ No	
Seen a psychologist or psychiatrist	☐ Yes	☐ No	

Have you ever had a previous injury that required more than 5 days absence from work and/or modified duties? If so, please advise date and include details:

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....

....

....

....

Occupational Exposure:

Give details of previous work exposure to the following:

Dust: ....

Noise: ....

Chemicals: ....

Repetitious work: ....

Manual handling: ....

Are there any reasons you may have difficulty in carrying out the physical requirements of this position?

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Declaration by Applicant

I hereby declare that:

- I have read and understood the conditions on this form.
- My answers are true and complete to the best of my knowledge.
- I understand that, if employed, the information I provide will be retained by my employer for its purposes.

I understand that if I fail to disclose any relevant matter relating to my health, which renders me incapable of properly and safely fulfilling the duties of the position, it may affect my conditions of employment including disciplinary action or dismissal.

I consent to my medical information being provided to a medical representative if required, and to obtain or exchange further medical information from my treating doctor(s) or health practitioner(s), if required for the purposes of assessing my fitness for work.

Signed: .... **Date:** ....