



SEALANES
FOOD SERVICE, SEAFOOD DISTRIBUTORS & SHIP SUPPLIERS

PO Box 658, Fremantle WA 6959

Email: jobs@sealanes.com.au

EMPLOYMENT APPLICATION

POSITION SOUGHT	Full time <input type="checkbox"/> Part- Time <input type="checkbox"/> Casual <input type="checkbox"/>
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Are you a permanent resident of Australia? _____ If not specify visa type _____

Indicate preferred working days and whether you are willing to perform shift work.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Shift Work Please circle
							YES NO

PERSONAL DETAILS

Surname _____ Given Names _____

Street Address _____ Suburb _____ Post code _____

Telephone _____ Mobile _____ Email _____

Postal Address _____ Suburb _____ Post code _____

Date of Birth (if under 21): _____

Please attach your resume or complete the following:

Resume attached: **YES** **NO**

SECONDARY EDUCATION

School	Standard Attained	Year Completed

UNIVERSITY/TERTIARY/APPRENTICESHIP

Institution	Qualification	Year Completed

EMPLOYMENT HISTORY

Employer	Position Held	Period Employed	Reason for leaving

Do you have a current Forklift Licence? YES NO Forklift Licence Class: _____

What class of Drivers Licence do you hold? _____

Do you have a current (less than 12 months old) National Police Clearance? Yes No If yes, please attach.

Do you have any medical conditions that may impact upon your ability to safely carry out the tasks required in the position? If yes, please provide details.

Are you taking any medication that can affect your ability to safely operate machinery? YES NO If yes please provide details.

Have you ever worked for Sealanes? If yes, what was the reason for leaving? Please provide details.

REFERENCES:

Please specify details of persons who would be prepared to give a verbal reference.

Name	Title/Occupation	Telephone No:

CONDITIONS OF EMPLOYMENT:

1. Prior to commencement of employment a current National Police Clearance must be provided at your own expense.
2. Prior to commencement of employment a full medical including drug and alcohol screening must be completed with the cost covered by Sealanes.

DECLARATION – Any misrepresentation of facts in this application could be cause for termination if employed

1. I declare that the information contained in this application is, to the best of my knowledge, true and correct at the time of completing this form.
2. I consent to any reference checks which may be necessary to support this application.
3. I agree that, should I become employed by Sealanes in a capacity that would require either driving a company vehicle or operating a company forklift, I will produce the original licence or certificate before driving or operating any company equipment.

PRIVACY POLICY STATEMENT

This application, along with any personal information collected by way of reference checks in relation to this application, shall be treated in the strictest confidence in accordance with National Privacy Principles (NPP's) and Sealanes Privacy Policy.

Signature of Applicant _____ Date _____

APPLICANT SHALL READ AND SIGN TO SIGNIFY UNDERSTAND OF THIS CLAUSE:

I understand that the failure to disclose any pre existing injury or condition that may affect my ability to safely perform my duties may impact upon any future workers compensation claims.

Signature of Applicant _____ Date _____