



EMPLOYMENT APPLICATION CASUAL

APPLICATION FOR POSITION OF:

- Site Supervisor
 Weighbridge Clerk
 Grain Assessor
 Labourer
 Laboratory Staff (Technical Services)
 Other:

Preferred Location:

PERSONAL DETAILS

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
Surname:	
Given Names:	
Residential Address:	Street Address:
	Suburb:
	State: _____ P/C: _____
Postal Address: (if same as Residential address write "as above")	Address:
	Suburb:
	State: _____ P/C: _____
Telephone Number (H):	()
Mobile Number:	
Email Address:	
Emergency Contact Person:	
Emergency Contact Number:	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you permitted to work in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUALIFICATIONS

	Name of Qualification	Year Attained	Name of Institution
Secondary:		<i>Not Required</i>	
Tertiary:			
Workplace:			



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CERTIFICATES

First Aid Certificate:	<input type="checkbox"/> No	<input type="checkbox"/> Yes – give details:
Confined Spaces:	<input type="checkbox"/> No	<input type="checkbox"/> Yes – give details:
Computer/Office Skills:	<input type="checkbox"/> No	<input type="checkbox"/> Yes – give details:

LICENCES

Driver's Licence Number:	
Driver's Licence Expiry Date:	
Class:	<input type="checkbox"/> C (1A) <input type="checkbox"/> LR (1B) <input type="checkbox"/> MR (3A/4A) <input type="checkbox"/> R (R) <input type="checkbox"/> HR (3B/4B) <input type="checkbox"/> HC (5A/5B) <input type="checkbox"/> MC (5C)
Other Licences (including licence number):	

EMPLOYMENT HISTORY

Resume attached	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Employer (Name & Number)	Start and Finish Date	Position Held	Summary of Duties

GRAINS INDUSTRY EMPLOYMENT

Previous Grain Reveal Facility employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of site, year/s, position and training:	

OTHER

Do you have your own transport?	
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OTHER

Do you want to continue to work with GrainCorp in other regions/divisions during harvest?

HEALTH & SAFETY DECLARATION

I declare that to the best of my knowledge there are no health reasons which would prevent me from carrying out the duties specified below, or any pre-existing health conditions which might be aggravated by carrying out the duties specified below:

- Regular manual handling of loads including lifting, bending, stretching, and twisting; e.g. shoveling, sweeping etc.
- Working in confined spaces
- Working at heights including on ladders and catwalks
- Working in exposed environmental conditions, including heat, dust, noise, etc.
- Working extended hours when required
- Operate mobile and fixed plant and equipment
- Wearing personal protective equipment
- Working alone/independently and in remote locations

Signature of Applicant
(if you are under 18 years of age, this form must be signed by a Parent/Guardian):

Date:

DECLARATION

- I agree to observe and adhere to all safety regulations, including wearing personal protective equipment and clothing that is required of me.
- I understand I may be required to work extended hours, including weekends.
- I understand I may be subject to a drug and alcohol test during work hours, and positive results may lead to termination of my employment.
- I understand that only information deemed necessary has been collected on this application and will be used by GrainCorp Operations Limited to ascertain my suitability for the position, including information provided by referees I have nominated.
- I understand that GrainCorp Operations Limited will endeavour to ensure all personal information collected will be maintained as accurately as possible and stored in a secure environment.
- I declare to the best of my knowledge that all the information provided is correct and that if any information is found to be false, withheld or misleading, I may be dismissed if employed.
- I understand that this employment is only of short duration and that GrainCorp may terminate my employment at any time without notice.

Signature of Applicant
(if you are under 18 years of age, this form must be signed by a Parent/Guardian):

Date:

Available Commencement Date:

Jobseeker ID No.:

I agree that my details may be provided to Staff Recruitment (Central Division) or JobLink Plus (Northern Division) to facilitate the recruitment process.