



CONDELLOS LIQUOR STORES

EMPLOYMENT APPLICATION FORM

CONDELLOS
LIQUOR STORES
EST. 1985

POSITION APPLIED FOR

APPLICATIONS MUST BE HAVE THE FOLLOWING DOCUMENTS
ATTACHED

- RESPONSIBLE SERVICE OF ALCOHOL CERTIFICATE/CARD
- CURRENT WA DRIVERS LICENCE
- CURRENT POLICE CLEARANCE

PERSONAL DETAILS

Surname _____ Given Names _____

Preferred Name _____

Address _____

Home phone _____

Mobile phone _____

Email _____

Date of Birth _____

EMERGENCY CONTACT

Name _____ Relationship _____

Preferred Name _____

Address _____

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0897 958 958

26 Hudson Road SOUTH BUNBURY

Western Australia 6230

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0897 262 744

14755 South West Highway

Picton EAST

Western Australia 6229

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EDUCATION		
School	Level Attained	Year Completed

CURRENT QUALIFICATIONS		
Qualification	Institution/Training Provider	Year

PREVIOUS EMPLOYMENT			
Employer	Position Held	Employment Length	Reason for Leaving

REFERENCES

Do you agree to have your referees contacted in relation to this application? Yes No

Please provide details of three people who can speak on your behalf regarding your work history. (Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential.)

Name	Contact Number	Position Held/Work Relationship

What type of work are you looking for? Full-time Part-time Casual

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MEDICAL HISTORY

IMPORTANT

Section 79 of the Workers Compensation and Rehabilitation Act 1981

"Where it is proved that a worker has, at the time of seeking or entering employment in respect of which he/she claims compensation for a disability, wilfully and falsely represented themselves as not having previously suffered from a disability, a dispute resolution body may in its discretion refuse to award compensation which otherwise would be payable."

Complete the following. Please leave a short explanation to any Yes responses on the final page of application titled Applicant Notes.

- Yes No Are you willing to take a medical examination?
- Yes No Are you required to take medication which may affect your work performance?
- Yes No Are you required to take medication which may affect your work attendance?
- Yes No Are you willing to submit to random drug and alcohol tests?
- Yes No Have you had time off work in the last year due to illness or injury?
- Yes No Are you currently being treated by a doctor for any illness or injury?
- Yes No Have you had an Injury or illness which may impact your ability to do the job?
- Yes No Do you have a current Workers Compensation Claim?
- Yes No Do you or have you ever had back, neck, shoulder, knee or joint problems?
- Yes No Is there any reason why you cannot wear safety or protective equipment?
- Yes No Have you had a Tetanus Inoculation in the last ten years?
- Yes No Have you ever been refused Life Insurance, Disability Insurance, Military Service?
- Yes No Are you adversely affected by heights?
- Yes No Are you adversely affected in confined spaces?

Do you have any known Allergies to:

- Yes No Medications
- Yes No Foods
- Yes No Other (please specify) _____

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Has your past employment exposed you to any of the following:

- Yes No Chemicals Yes No Radiation
Yes No Asbestos Yes No Dust
Yes No Loud Noise / Explosives / Gunfire?

Do you have or have you had at any time in your life any of the following conditions:

- Yes No High Blood Pressure Yes No Diabetes
Yes No Hepatitis Yes No Repetitive Strain Injury
Yes No Arthritis/Rheumatism Yes No Fractures/Broken Bones
Yes No Tuberculosis Yes No Asthma/Bronchitis
Yes No Mental Health Issues Yes No Epilepsy
Yes No Seizures Yes No Visual Impairment
Yes No Hearing Loss Yes No Stomach Ulcers
Yes No Hernia Yes No Dermatitis/Eczema

Do you have difficulty with any of the following activities:

- Yes No Kneeling
Yes No Climbing a Ladder
Yes No Crouching
Yes No Standing For Two Hours
Yes No Gripping Firmly with Both Hands
Yes No Turning Your Head Rapidly
Yes No Walking On Uneven Ground
Yes No Running 100 Metres
Yes No Lifting or Bending
Yes No Sitting For Two Hours

CURRENT DRIVERS LICENCE

Drivers Licence No.	State	Class	Expiry Date

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Yes No Have you previously been employed by Condellos Liquor Stores?

Yes No Available to work nights, including Saturday at both South Bunbury and Waterloo store locations. Also Sunday and Public Holidays as required.

When will you be available to begin work? _____

DECLARATION

I declare that to the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation.

I understand that this application does not constitute an offer of employment. I understand that, police and reference checks will be required.

I understand that I may be required to undergo a medical examination prior to an offer of employment.

STATEMENT AUTHORISATION

I hereby authorise the examining doctor to submit a medical report regarding the above statement, physical findings, audiogram and all other investigations to management of Condellos Liquor Stores.

Signed _____ Date _____

APPLICANT NOTES

REFERENCE CHECKS

Referee 1 _____
 Company _____
 Would Re-Employ? Yes /No _____
 Comments _____
 Sign _____ Date _____

Referee 2 _____
 Company _____
 Would Re-Employ? Yes No _____
 Comments _____
 Sign _____ Date _____

Referee 3 _____
 Company _____
 Would Re-Employ? Yes No _____
 Comments _____
 Sign _____ Date _____

POLICE CHECKS

Comments _____

 Sign _____ Date _____

Yes
 No (Not Appropriate)

OTHER ACTION

Interview arranged for / / _____

Offer of employment made _____

Position _____ Approved Managers Attached

Acknowledgement letter sent _____

Letter of offer sent _____ RSA Attached

Induction due on. / / _____

Payroll details entered _____

Probationary period expires on / / _____

NOTES

Application unsuccessful _____

Letter of advice sent _____

Application to be destroyed on / / _____

Other _____
