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Employment Application Package

To apply for a position simply complete the Waterfall Services Employment Application and Pre-Employment Medical Declaration forms included in this application package and return them, along with any relevant documentation using one of the methods listed below.

The Application Checklist will help to ensure that you have all necessary documentation together before submitting your application.

If you have any further queries, please feel free to contact us on (07) 41687171.

Application Checklist

Use this checklist to ensure that you have all the following documentation before submitting your application. Please be aware that incomplete applications may not be accepted.

- A signed and completed Waterfall Services Employment Application Form
- A signed and completed Waterfall Services Pre-Employment Medical Declaration
- A completed and detailed resume (optional) and cover letter

How to send us your application

Email: *Simply save this completed package and email along with electronic copies of any required documentation to: admin@waterfallfeedlot.com.au*

Post: *Post your completed application to the following address:*

Waterfall Feedlot, 18 Maudsley Road, GOOMERI QLD 4601

Fax: *Fax your application to: 07 41687178*

18 Maudsley Road GOOMERI QLD 4601

Phone: 07 4168 7171

Fax: 07 4168 7178

Email: admin@waterfallfeedlot.com.au



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Waterfall Services Employment Application Form

To apply for employment at Waterfall Feedlot please fill out and return this application form along with any necessary documentation. All sections of this form must be completed in full or your application will not be accepted.

1.0 Job Application Details:

Date of Application: Click or tap to enter a date.

Position Applied For: Click or tap here to enter text.

2.0 Personal Information

Surname: Click or tap here to enter text.

Given Names: Click or tap here to enter text.

Address: Click or tap here to enter text.

Postal Address (if different): Click or tap here to enter text.

Contact Details: Home: Click or tap here to enter text.

Mobile: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Date of Birth: Click or tap to enter a date.

Own Transport: Choose an item.

Accommodation Required: Choose an item.

Personal Attributes: Click or tap here to enter text.

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3.0 Employment History

Please provide information on your employment history with your most recent positions listed first. Please ensure that relevant employment history is noted.

1. Name of Employer: Click or tap here to enter text.
Address: Click or tap here to enter text.

Position: Click or tap here to enter text.
Contact Number: Click or tap here to enter text.
Dates of Employment: From: Click or tap to enter a date.
To: Click or tap to enter a date.
Duties: Click or tap here to enter text.

Reference Available: Choose an item.

2. Name of Employer: Click or tap here to enter text.
Address: Click or tap here to enter text.

Position: Click or tap here to enter text.
Contact Number: Click or tap here to enter text.
Dates of Employment: From: Click or tap to enter a date.
To: Click or tap to enter a date.
Duties: Click or tap here to enter text.

Reference Available: Choose an item.

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3. Name of Employer: Click or tap here to enter text.
Address: Click or tap here to enter text.
- Position: Click or tap here to enter text.
Contact Number: Click or tap here to enter text.
Dates of Employment: From: Click or tap to enter a date.
To: Click or tap to enter a date.
Duties: Click or tap here to enter text.
- Reference Available: Choose an item.
4. Name of Employer: Click or tap here to enter text.
Address: Click or tap here to enter text.
- Position: Click or tap here to enter text.
Contact Number: Click or tap here to enter text.
Dates of Employment: From: Click or tap to enter a date.
To: Click or tap to enter a date.
Duties: Click or tap here to enter text.
- Reference Available: Choose an item.

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4.0 Licences and Certificates:

Please provide details of any relevant licences and certificates that you hold which would be applicable to this position:

4.0 Any further relevant information:

Click or tap here to enter text.

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5.0 Privacy Information:

Waterfall Services Pty Ltd is fully committed to meeting the requirements of the *Privacy Act 1988 (Cth)*. The personal information collected on this application form will be used to assess the suitability of the applicant for the position advertised or general application and to negotiate with and make offers of employment to selected applicants. Further, for successful applicants, the information will be used for the supervision, management and payments of employees, to develop and maintain the employment relationship between the employer and the individual. However, for successful applicants, the information supplied in the application form may be passed onto our WorkCover entities, insurers, bankers and superannuation fund managers and used only for the primary purpose.

It is the policy of Waterfall Services Pty Ltd to retain the personal information of unsuccessful applicants for future recruitment purposes for a period of 6 months. Under the *Privacy Act 1988 (Cth)*, applicants have the right to, and to request correction of their personal information collected in this form. If you wish to exercise these rights, please contact the Human Resources Officer or Payroll Officer.

6.0 Declaration:

I hereby state that all the information provided in this application form is true and correct to the best of my knowledge. I understand that failure to disclose information or the provision of misleading information may lead to termination of employment.

Signature:

Date:

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Pre-Employment Medical Declaration

The intent of this declaration is to assist us in the event of any emergency and to ensure our workplace and staff can cater for any special needs. Any information provided on this form will not prejudice your chances of employment.

All sections of this form must be completed or Waterfall Services Pty Ltd will not accept your employment application. Failure to disclose information or the provision of misleading information may lead to termination of employment.

1.0 Personal Details:

Surname: Click or tap here to enter text.

Given Names: Click or tap here to enter text.

Age (yrs): Click or tap here to enter text.

Weight (kg): Click or tap here to enter text.

Height (cm): Click or tap here to enter text.

Gender: Choose an item.

2.0 Doctor Details:

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Contact Number: Click or tap here to enter text.

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3.0 Medical History:

We have identified that the medical conditions below may affect a person's ability to fulfil the inherent requirements of the employment positions in our enterprise.

3.1 Do you have or have you ever had any of the following medical conditions? If yes, please check box and provide further details below:

- | | |
|--|--------------------------|
| Epilepsy | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> |
| Heart Condition (including Heart Attack, Heart Disease, Palpitations/Irregular Heart Beat) | <input type="checkbox"/> |
| Arthritis | <input type="checkbox"/> |
| Amputated Foot, Leg or Hand | <input type="checkbox"/> |
| Loss of Sight (including visual impairment, partial loss or blindness in one or both eyes) | <input type="checkbox"/> |
| Residual disability from polio | <input type="checkbox"/> |
| Cerebral Palsy | <input type="checkbox"/> |
| Parkinson's Disease (do you have a weakness, trembling or speech problems) | <input type="checkbox"/> |
| Cerebral vascular accident (stroke or ruptured blood vessels in the brain) | <input type="checkbox"/> |
| Tuberculosis | <input type="checkbox"/> |
| Silicosis (including chronic cough, emphysema, black lung or other lung problems due to dust inhalation) | <input type="checkbox"/> |

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Haemophilia (do you bleed easily and have difficulties stopping bleeding)

Chronic Osteomyelitis (long term infections of the skin or sores that will not heal)

Hyperinsulinemia (excessive insulin in the blood with low blood sugar. Periods of weakness or fainting)

Arteriosclerosis (poor circulation, cold extremities, pain in legs while walking)

Ruptured disc (back pain or associated back pain)

Hearing impairment (including deafness or partial deafness)

High blood pressure

Alcohol or drug problems

Other - please specify

Other - please specify

If you answered Yes to any of the conditions listed above please provide more information indicating the nature of the ailment, injury or illness, date of occurrence, and details of treating doctors.

Condition: Click or tap here to enter text.

Date of Occurrence: Click or tap to enter a date.

Doctor: Click or tap here to enter text.

Details: Click or tap here to enter text.

If you need to provide more information than the available space permits, please attach information to this declaration on a new sheet of paper and indicate you have done so by checking the following box:

Additional information attached

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3.2 Do you have or have you ever had any ailment, illness or injury that would restrict or prevent you from being able to fulfil the inherent requirements of this position?

Choose an item.

If yes, provide details: [Click or tap here to enter text.](#)

3.3 Please list any medications you are currently taking and the condition they are for:

Medication:	Condition:

3.4 Please list any allergies you may have, including allergies to any medication (eg Penicillin):

4.0 Emergency Contact Details:

Name: [Click or tap here to enter text.](#)

Contact Number: [Click or tap here to enter text.](#)

Relationship: [Click or tap here to enter text.](#)

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