



**North West Ginning Pty Ltd**

2295 Gwydir Highway,  
 PO Box 916, Moree NSW 2400  
 ABN: 66 003 905 039  
 Phone: 02 6752 3966 Fax: 02 6751 1067  
 Email: office@nwgin.com.au

**Application for Casual or Seasonal Employment**

Surname:		Given Names:	
Title: Mr. Mrs. Miss. Ms			
Date of Birth:		Contact Telephone No:	
Age:		Mobile:	
		Home:	
		Email:	
Permanent Address For Payment Summaries:		Emergency Contact:	
		Name:	
		Phone:	
		Current Address:	
Are you an Australian Citizen?		Are you a Legal Permanent Resident of Australia:	
Circle: Yes No		Circle: Yes No	
Visa number or supply a copy:		Visa Expiry Date:	
<p><b>Note: Australian Citizenship or Legal permanent residency status is required to work in Australia. If you are not a citizen of Australia or a legal resident, you must provide a copy of a valid working visa with the application.</b></p>			

<b>Office Use Only:</b>	
Date of application:	Email/Fax/Mail/In person
Please Tick by Ginner: Seen <input type="checkbox"/> or Recommended <input type="checkbox"/>	
Ginner:	Date:

## Employment History

Please attach a Resume with this application

<b>Previous Employer:</b>  <b>Period of Employment:</b>	<b>Position Held:</b>  <b>Reason for leaving:</b>
<b>1. Referee Name:</b>  <b>Referee Contact No:</b>	<b>2. Referee Name:</b>  <b>Referee Contact No:</b>
<b>Cotton Gin Experience:</b>	<b>If yes, state location:</b>  <b>Position held:</b>
<b>Have you worked in the Cotton Ginning Industry Before :</b>  <b>Yes <input type="checkbox"/>      No <input type="checkbox"/></b>	<b>Duties Performed:</b>  <b>Year:</b>
<b>Do you have your own transport?</b>  <b>Yes <input type="checkbox"/>      No <input type="checkbox"/></b>	<b>Do you understand that as a condition of employment at North West Ginning you may be required to change shifts from Day to Night Shift</b>  <b>Yes <input type="checkbox"/>      No <input type="checkbox"/></b>

## Education

<b>Level of High School Completed;</b>  <b>Year 10 <input type="checkbox"/></b>  <b>Year 12 <input type="checkbox"/></b> <b>Other <input type="checkbox"/> Please state:</b>	<b>Do you have any other formal Qualifications?</b>  <b>Yes <input type="checkbox"/>   No <input type="checkbox"/></b>  <b>If yes, please state:</b>
<b>Do you hold any of the following Certificates?</b>	
<b>Drivers License:</b>	<b>Yes / No    Class:                      Expiry Date :</b>
<b>Trade:</b>	<b>Yes / No    Details:                      Expiry Date :</b>
<b>Crane:</b>	<b>Yes / No    Details:                      Expiry Date :</b>
<b>Forklift:</b>	<b>Yes / No    Details:                      Expiry Date :</b>
<b>Front End Loader:</b>	<b>Yes / No    Details:                      Expiry Date :</b>
<b>Truck/Heavy Vehicle:</b>	<b>Yes / No    Details:                      Expiry Date :</b>
<b>Other:</b>	<b>Yes / No    Details:                      Expiry Date :</b>





To;  
SafeWork NSW,  
Locked bag 2906  
LISAROW, NSW, 2252

Phone: 131050

Dear Sir / Madam,

I, \_\_\_\_\_, hereby authorise you to release to North West Ginning all details of my records held by SafeWork NSW

My current address is:

Post Code:

My Date of birth is: \_\_\_\_\_

Please forward these records to the following:

North West Ginning Pty Ltd  
PO Box 916  
Moree NSW 2400

Phone: 0267 523 966

Email: office@nwgin.com.au

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



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## **AGREEMENT FOR DRUG TESTING**

I understand that I may be subject to a Drug Test at anytime while in the employment of North West Ginning.

I also understand that if I return a positive result to any Illegal Substances or a Non – Prescription Drug my employment will be terminated immediately.

Any Prescription or Over The Counter Drugs taken must be reported before testing eg: Headache or Pain tablets, Cough medicines anything with Codeine.

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### **WITNESSED BY SUPERVISOR:**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_