

## **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 Day Days Daise Das	
Title: Mr. Mrs. Miss. Ms  Date of Birth:	Contact Telephone No:
	Mobile:
	Home:
Age:	Email:
Permanent Address For Payment Summaries:	Emergency Contact:
	Name:
	Phone:
	Current Address:
	1
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:
	residency status is required to work in Australia. If you you must provide a copy of a valid working visa with the
Office Use Only:	
Date of application:	Email/Fax/Mail/In person
Please Tick by Ginner: Seen 🗌 or Recommend	led □
Ginner:	Date:

## **Employment History**

#### Please attach a Resume with this application

rease account Resume with this application		
Previous Employer:	Position Held:	
Period of Employment:	Reason for leaving:	
1. Referee Name:	2. Referee Name:	
Referee Contact No:	Referee Contact No:	
Cotton Gin Experience:	If yes, state location:	
	Position held:	
Have you worked in the Cotton Ginning Industry Before :	Duties Performed:	
Yes □ No □	Year:	
Do you have your own transport?	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	
Yes □ No □	Yes □ No □	
Education		

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

# **Medical History**

Have you ever had treatment or consulted a		Emergency Information;
Doctor for any of the fo	ollowing medical	
conditions?		
Blackouts	Yes / No	Doctor's Name:
Back or Neck injury	Yes / No	Telephone No:
Epilepsy	Yes / No	
Hernia	Yes / No	Would you like to provide your blood group
Allergies	Yes / No	in case of an industrial illness or injury?
Hearing Loss	Yes / No	Yes □ No □ Type:
Diabetes	Yes / No	
Asthma	Yes / No	
(If yes, please see attac	ched Action &	Please state any Medical Information that you feel
Management Plan that	t must be completed	would be pertinent to emergency treatment:
before employment)		
Have you in the past five	ve years received workers	compensation for an industrial illness or injury?
Yes / No Please pro	ovide details:	
Do you have any object	tions to undergoing a	
Hearing and Lung funct	tion test before	Yes / No
commencement of employment?		
Do you smoke Cigarett	es?	Yes / No
Do you agree to observ	ve all company safety	
rules and regulations ir	ncluding the wearing of	Yes / No
personal safety equipm	nent?	
	at you may be subject to	
random drug and alcoh	nol testing and that	_
unsatisfactory results r	<del>-</del>	Yes / No
termination of your em	-	
-		
or noghing to take trainer comproved at the time trainer		
		Vac / Na
		Yes / No
Ginning, must be reported to North West		
Ginning Management.		

### **CERTIFICATION OF ASTHMA MANAGEMENT PLAN**

Employee Name:		
Doctor's Name:		
I have examined:		
And consider that he/she should use Respi	ratory Protection e.g.	. Dusk Mask:
In:	Dusty Areas	All Areas
He/She is currently using an Asthma Manag Asthma and enable:	gement Plan which is	sufficient to control His/Her
$\square$ Full Employment to be undertaken with		
☐ Full Employment in a low risk work area wit	<u>:h</u>	
☐ No Employment in a dusty environment		
Circu adv		
Signed:		
Dr.	Date:	
Doctor's Stamp:		
Please email copy of completed report to: moree@gwydirchiro.com.au	Gwydir Chiropractic	and Physiotherapy

The Asthma Management Plan & The Action Plan must be completed before commencement of employment at North West Ginning.

То;	
SafeWork NSW,	
Locked bag 2906	
LISAROW, NSW, 2252	
, ,	
Phone: 131050	
Dear Sir / Madam,	
I,, hereby auth my records held by SafeWork NSW	orise you to release to North West Ginning all details of
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:	



**SIGNATURE:** 

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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:

**DATE:**