



# PARADISE FOOD INDUSTRIES PTY LTD

Head Office – 33-37 Mica Street, Carole Park, 4300

Telephone: 07 3271 3888

## EMPLOYMENT APPLICATION

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

SHIFT PREFERRED: DAY / AFTERNOON / NIGHT (please circle one)

PREFERRED TITLE: MR / MS / MISS / MRS (please circle one)

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

POSTAL ADDRESS IF DIFFERENT FROM ABOVE:  
\_\_\_\_\_

ARE YOU LEGALLY ENTITLED TO WORK IN AUSTRALIA: YES / NO (please circle one)

DO YOU HAVE A CURRENT DRIVER'S LICENCE? YES / NO (please circle one)

DO YOU HAVE YOUR OWN TRANSPORT? YES / NO (please circle one)

DO YOU HAVE A CURRENT FORKLIFT DRIVER'S LICENCE? YES / NO (please circle one)

EDUCATION & COURSES COMPLETED

PLEASE LIST FORMAL QUALIFICATIONS CONSIDERED RELEVANT TO POSITION

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<b>ARE YOU CURRENTLY EMPLOYED</b>	<b>YES / NO (please circle one)</b>
<b>IF SO, NAME OF EMPLOYER</b>	<b>AMOUNT OF NOTICE REQUIRED</b>
_____	_____

<b>WORK EXPERIENCE (List most recent employment first)</b>			
<b>EMPLOYER</b>	<b>POSITION</b>	<b>PERIOD OF EMPLOYMENT</b>	
		<b>FROM</b>	<b>TO</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>MACHINES OPERATED:</b>			
_____			

<b>HEALTH</b>
<b>Do you have a known health condition which could prevent you from competently and efficiently carrying out the duties of this position in a manner which is safe to yourself, your fellow employees, the public generally and the company's property?</b>
_____
_____

<b>Please supply personal references or names and contact telephone numbers of referees for confidential reports.</b>	
<b>NAME</b>	<b>TELEPHONE NO.</b>
_____	_____
_____	_____
_____	_____

**APPLICANTS STATEMENT:**

I fully understand that any false, misleading or incomplete information stated by me in this application may lead to instant dismissal if employed by this Company.

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**