

WADMIN PTY LTD

Referees: Please indicate TWO referees with correct contact details

Name: _____ Company: _____ Phone: _____

Name: _____ Company: _____ Phone: _____

Emergency Contacts # 1

Name: _____ Relationship: _____

Address: _____ Phone: _____

Emergency Contacts # 2

Name: _____ Relationship: _____

Address: _____ Phone: _____

Please read and tick the following application conditions:

- I am willing to undertake a medical assessment that could include drug tests. In the event that I am employed and sustain an injury on while in the employ of Wadmin Pty Ltd I am willing to undertake a medical examination that may include alcohol and drug testing.
- I understand that if employed by Wadmin Pty Ltd my initial employment is subject to a satisfactory probationary period of 60 working days. During this period my employment may be terminated without notice or reason. Subject to the completion of a satisfactory probationary period I may be offered continued employment or my probation extended.
- I understand that any false or misleading information will preclude me from employment and I also understand that if employed and it is found that I have provided false or misleading information it may result in termination of my employment.

Pre-employment checks required prior to applying for a position with Wadmin Pty Ltd

- I have undergone hand check by a Medical Practitioner in order to show that there is no impediment for me to be employed by Wadmin Pty Ltd to handle, prepare and pack fresh meat .
- Evidence provided

It is a requirement that all employees be protected from Q Fever. If you have been previously vaccinated for Q Fever or have tested positive to Q Fever please indicate here by ticking the appropriate box.

- | | |
|--|--|
| <input type="checkbox"/> Not Vaccinated | <input type="checkbox"/> Vaccinated |
| <input type="checkbox"/> Tested Positive | <input type="checkbox"/> Evidence provided |

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- I understand that if I sustain an injury on company premises or am responsible/or in part responsible for an injury occurring on company premises, I AGREE TO UNDERTAKE A BLOOD AND/OR URINE TEST to detect the presence of alcohol, illegal drugs or both within my system.
 - I agree that my employment with Wadmin Pty Ltd depends on the information supplied by me on this application form and the Pre-employment Medical Questionnaire. I also understand that if any of the information given by me is false or I do not believe it to be true in any way then I may be instantly dismissed.
 - I understand that if I do not fulfil the conditions of employment, as explained to me at pre-employment induction, then termination of my employment may result.

Have you worked for Wadmin Pty Ltd or John Dee Warwick before?

YES / NO If so, when? _____

I warrant that the information I have provided is true and correct.

I _____ do state that in signing this application I understand that all the information I have given is true and correct.

Name: _____

Signature: _____