



BRIGHANN
Cotton

BRIGHANN GINNING PTY LIMITED

1500 WATERCOURSE ROAD

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ABN 29 610 586 886

EMPLOYMENT APPLICATION FORM

(Please print)

Surname: _____

Given Names: _____

Date of Birth: _____ Gender: Male / Female

Phone No: _____ Mobile No: _____

Address: _____

(The address provided here should be the residing address during the season)

Permanent Address: _____

Email address: _____

(weekly pay advises will be emailed to this address)

EMERGENCY CONTACT:

Name: _____

Phone No: _____

Address: _____

EMPLOYMENT HISTORY -General:

Are you legally allowed to work in Australia? Yes / No

Please attach a copy of your working visa (if applicable) Yes / NA

What kind of industry have you been involved in the past three years? _____

State location: _____

Position held: _____

Duties performed _____

Have you had any experience in the Cotton Ginning industry?

Yes / No

When? _____

Position held: _____

Duties performed: _____

EMPLOYMENT HISTORY - Detailed:

(they may be contacted for a reference)

Previous Employers Name & Phone No	Dates From – To	Position and Details of duties performed	Reason for leaving
Phone No:			
Phone No:			
Phone No:			

QUALIFICATIONS - *(Please supply a copy of appropriate qualification)*

Qualification		Details and Number	Expiry Date	Copy attached
Any Trade	Yes / No			
Forklift Licence	Yes / No			
Elevated Work Platform	Yes / No			
Front End Loader	Yes / No			
Drivers Licence	Yes / No			
First Aid Certificate	Yes / No			

Other qualifications not listed above:

MEDICAL

Have you ever had treatment or consulted a doctor for any of the following disorders?

Please provide details if answered "Yes" (Write Yes or No for each disorder)

(PLEASE NOTE – ANY SUFFERERS OF ASTHMA MUST PRESENT AN ASTHMA MANAGEMENT PLAN, SIGNED BY THEIR TREATING DOCTOR)

Asthma _____

Allergies _____

Chemical Poisoning _____

Diabetes _____

Blackouts _____

Back Injury _____

Bone Disorders _____

Hearing Loss _____

Skin Irritations _____

Blindness _____

Hernia _____

Epilepsy _____

Knee Injury _____

Neck Injury _____

Shoulder Injury _____

Any Other Ailments (specify) _____

Are you currently taking any medication

Yes / No

(This could be over the counter drugs or medication prescribed by a doctor)

If yes, please provide details _____

Have you in the past five years received Workers Compensation for an industrial illness or injury?

Yes / No

If yes, please provide details _____

Do you have any objections to undergoing:	hearing test	Yes / No
	lung function test	Yes / No
	drug screening	Yes / No

Do you have any objections to undergoing a Medical Examination by a Doctor? Yes / No

Do you agree to observe and adhere to all safety regulations, including the wearing of necessary personal protective equipment? Yes / No

DECLARATION – PLEASE READ CAREFULLY PRIOR TO SIGNING

- √ *I agree to work on any shift work as required; I prefer day shift / night shift?*

- √ *I understand that a pre-condition to the commencement of employment and / or a pre-condition to continued employment with Brighann Ginning Pty Ltd is that as an employee, I satisfactorily pass any drug and alcohol policy requirements established by Brighann Ginning Pty Ltd. I acknowledge that Brighann Ginning Pty Ltd has a zero tolerance for drugs and alcohol. In the event that I fail to meet the requirements, then I may not be offered employment or be terminated as it is a breach of conditions of employment.*

- √ *I may be subject to a drug test prior to commencement of employment and both random and alcohol testing throughout the season, where any non-negative results may lead to my suspension and/or termination.*

- √ *I acknowledge that subject to satisfactory work performance, my employment will terminate upon being given notice by Brighann Ginning Pty Ltd.*

- √ *I acknowledge my requirement is to provide my own Safety Work Boots, suitable work clothing and my asthma management plan from the first day of my employment (induction day).*

- √ *I certify that the all the supplied in conjunction with this application is true and correct and that my employment may be terminated should any particulars be found to be false.*

- √ ***I have attached a copy of my working visa*** (if applicable)

Print Name: _____

Signature _____ Date: _____