



GLENFIELD IGA
582 Chapman Rd
Glenfield WA 6532



Employment Application

PERSONAL DETAILS:

MR MS MRS MISS SURNAME: _____ FIRST NAME: _____
 Residential address: _____
 Suburb: _____ State: _____ Postcode: _____
 Phone Numbers: (H): _____ (M): _____
 E-mail address: _____
 Are you legally entitled to work in Australia? YES NO
 If no, what type of visa do you hold? _____
 Date of Birth: _____

EDUCATION DETAILS:

School/Institution attended	From	To	Level achieved

Are you currently studying? YES NO If yes, please specify: _____
 What is your mode of study? Full time Part time External

EMPLOYMENT PREFERENCES:

Preferred Status: Full time Part time Casual

Please tick your preferred position(s):

Management

- Store Manager
- Department Manager

Service Assistant

- Checkout
- Produce
- Meat
- Deli
- Bakery
- Grocery
- Front End Supervisor

Tradesperson

- Qualified Butcher
- Qualified Baker
- Qualified Pastry Cook

Apprenticeship

- Butcher
- Baker

Traineeship

- Retail Traineeship

Warehouse

- Warehouse Store Person
- Night Fill

Other

- Pizza and Burger Bar
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AVAILABILITY:

Please specify the days you are available by placing a tick in the appropriate boxes below.

(Please note, you would be not required to work the specified times, only during that time frame)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please provide details of any hobbies, sports and other recreational activities that may affect your availability for work:

If required, are you prepared to work overtime? YES NO

When are you available to start work? _____

EMPLOYMENT HISTORY:

Please specify your employment history (most recent first)

Employer	Date from	Date to	Position	Reason for leaving

Have you previously been employed by GLENFIELD IGA? YES NO

If yes, please provide details:

Department: _____

Position held: _____ Reporting to: _____

Period of employment – Date from: _____ Date to: _____

Reason for leaving: _____

Do you have any objection to inquiries of your present employer regarding qualifications and character?

YES NO

GENERAL INFORMATION:

Do you hold an Australian Drivers Licence? YES NO

Have you ever had a criminal offence proved against you? YES NO

If yes, please provide details: _____

Have you ever been dismissed/terminated for dishonesty, or been the subject of an investigation that resulted in your resignation? YES NO

If yes, please provide details: _____

If you are successful in gaining employment, do you agree to complete a pre-start online induction, as part of your Training, before commencing your employment? YES NO



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PHYSICAL CAPACITY:

Do you suffer from any illness, disease or disorder? YES NO

If yes, please provide details: _____

Do you have any physical condition or disability which may preclude your ability to perform or limit the particular position for which you are applying? YES NO

If yes, please provide details: _____

Have you ever had any work related injuries? YES NO

Have you ever made a Workers Compensation claim? YES NO

If yes, please provide details below:

Date of injury: _____

Type of injury: _____

Employer at the time of injury: _____

Job position at the time of injury: _____

Amount of time of work: _____

Final Medical clearance received: _____

Current limitations: _____

REFERENCES:

Please provide three work related references (preferably direct supervisor). Students may use teachers or tutors.

1.	Name		Title	
	Company		Phone No	
2.	Name		Title	
	Company		Phone No	
3.	Name		Title	
	Company		Phone No	

RELATIONSHIP TO OTHER EMPLOYEES:

Please list the names of any relatives who currently work within Glenfield IGA

Name	Position	Department	Relationship

Please list any other current employees you know: _____

APPLICANT'S AGREEMENT

Your signature below indicates your consent to the use and disclosure of your personal information as indicated above.

In applying for employment with Glenfield IGA hereafter referred to as "the Company", you agree to the following:

- I can provide evidence that I am qualified to work in Australia (e.g. birth certificate, evidence of citizenship, working visa).
- I confirm that the information given on this form is true and complete and understand that the provision of wrong or misleading information may result in disciplinary action up to and including termination of employment.
- I consent to the Company contacting my referees and using, disclosing and storing the information obtained from my referees to assess my suitability for my employment with the Company.
- If required, I agree to undergo a pre-placement and subsequent health assessment with a medical provider nominated by the Company to assess my physical capacity to carry out my duties.
- I agree that any monies owing to the Company shall be deducted from my pay at the discretion of the Company.
- I understand that failure to disclose details of a previous medical condition or Workers' Compensation claim may disqualify me from receiving compensation under the Workers' Compensation and Rehabilitation Act of 1981 (as amended) in respect to any aggravation, exacerbation, deterioration of such a medical condition.
- I agree to comply with all Company rules on safety; the Company dress standards; the rules on non-consumption of alcohol and non-prescriptive drugs; harassment and discrimination; and customer service standards. Non-compliance may result in termination of my employment.
- I undertake to abide by all employment conditions and safety requirements as required by the Company.
- Although management makes every effort to accommodate individual preferences, business needs frequently make the following conditions mandatory: overtime, shift work, a rotating work schedule and work schedules other than Monday through to Friday. I understand and accept these as conditions of my continuing employment.
- I agree that my hours of work will be agreed between my manager and myself.
- I agree that the Company reserves the right to have me perform duties or roles other than those I was originally hired to do and may transfer me to a different operation, function or location. Should I be transferred I agree to work in any location operated by the Company under the terms and conditions of that site.
- I will contact my manager as soon as possible to advise any absence, (at least 2 hours before I am due to start work) and continue to contact in cases of extended absence.
- I will provide a medical certificate as directed in the Employee Manual if I am absent because of sickness or injury for more than one day.
- I may forfeit notice entitlements if I don't work out the correct period of notice.
- If under 18, I have my parent/guardian's consent.
- I am employed on a probationary basis for the first 3 months. For the first one, I am employed **from day to day** and my employment can be terminated by myself or the company on a day's notice. Thereafter, my employment is by the week.
- During and after my employment with the Company, I will maintain confidentiality in regard to my duties and information acquired in respect of the Company and/or any supplier and/or customer.

Applicant Signature: _____

Date: _____

Guardian Signature: _____

Date: _____

(if under 18) Guardian Name: _____

Please forward completed application

In person or by mail to 582 Chapman Rd, Glenfield WA 6532

Ph:99381250

Fax to 99382032

Email to admin@glenfieldiga.com