



MOSES AND SON

A.B.N 24 000 899 847
 Woolbrokers since 1920
 1-3 Ironbark Street Temora
 PO Box 85 Temora, NSW 2666
 Phone: 02 6977 3100
 Fax: 02 6978 0008
 E-mail: mmoses@mosesandson.com.au
 Website: www.mosesandson.com.au



APPLICATION FOR EMPLOYMENT (QF-177)

Date:	_____		
Position Applied for:	_____		
Location Applied for:	_____		
Full Time ()	Part Time ()	Casual ()	Trainee ()

Surname:	_____	First Name:	_____
Address:	_____		
	_____	Post Code:	_____
Home Phone:	_____	Mobile Number:	_____
Date of Birth:	_____	Place of Birth:	_____

CITIZENSHIP:

- | | | | |
|--------------------|--------------------------|--------------------|--------------------------|
| Australian Citizen | <input type="checkbox"/> | Permanent Resident | <input type="checkbox"/> |
| Working Visa | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Name 3 persons (preferably people who have supervised or managed you) from previous employers for us to contact regarding your work performance.

Employer	Name	Telephone Number



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1. Do you hold a current driver's licence? Yes No
Licence Type: _____ Licence Number: _____
2. Circle the highest school grade you completed : 9 10 11 12
3. Have you completed tertiary qualifications? Yes No
Please give details:

4. Have you ever been dismissed, or requested to resign from employment? If yes, please give details of employer, date and reason/s: Yes No

5. Are you restricted (in any way) in relation to employment in Australia because of your Visa or Immigration status? Yes No
6. Have you ever lodged a claim for workers compensation? If yes please indicate for what type of injury and when. Yes No

7. Have you any current medical disabilities, which could affect your ability to carry out your duties? Yes No

8. Are you prepared to undertake a medical examination prior to being offered employment? Yes No



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CONDITIONS OF EMPLOYMENT

1. I understand that if I give a false answer to any questions on this form I will, if accepted for employment with the Company, be liable for dismissal without notice.
2. I understand that the Company reserves the right to verify all information on this application.
3. I understand that work may be on day work, and on occasion overtime, over five (5), six (6) or seven (7) days of the week. Acceptance of employment indicates willingness to work accordingly. I further accept that regardless of which shift I may initially work I agree, upon receipt of the appropriate award notice, to work any other shift as required by the company.
4. I understand that strict conformity with safety rules, proper use of safety equipment and the wearing of suitable clothing and approved foot-wear is required of employees of the Company.
5. I am prepared to submit to examination by a medical officer nominated by the Company if so required at any time regarding my fitness for duty.
6. I agree to submit to a search by a Company Officer of my person or locker or any vehicle, parcel, bag or other container in my possession while I am on Company property.
7. In the event of being absent for work, I will notify the Company as soon as possible and within the time specified in the relevant award.
8. I agree to attend work free of drugs and alcohol and agree to take a drug and alcohol test at the request of management.
9. I agree to comply with company policies and procedures and adhere to Moses & Sons' WH&S policy.
10. I understand that the word "Company", wherever used above, means Moses & Son.
11. I understand the above information to be true and complete.

Signature of Applicant: _____

Date: _____



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OFFICE USE ONLY:

Interview Date: _____

Interview Panel: _____

Comments:

Reference Checks Conducted by: _____ Date: _____

Employer	Name	Recommended

Verification of information supplied	Comment
Employment/Job Experience	
Job Performance	
Attendance	
Safety Record	

Complete for Successful Applicant Only:

Position:		Location:	
Commencement Date:		Hours of Work:	
Base rate of Pay:		Pay Office Advised:	
Trial Period:		Special Conditions:	