



# Jolly Berries



ABN : 29 069 433549 ACN : 069 433 549

## EMPLOYMENT APPLICATION FORM

<b>YOUR DETAILS</b>	
FAMILY NAME	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
FIRST NAME	DATE OF BIRTH / /
HOME PHONE	MOBILE PHONE
POSTAL ADDRESS:	
EMAIL ADDRESS	
OUR SEASON RUNS FROM EARLY DECEMBER TO EARLY MARCH. PLEASE LET US KNOW YOUR AVAILABILITY	
HOW MANY DAYS CAN YOU WORK EACH WEEK MONDAY TO SUNDAY <input type="checkbox"/> OTHER <input type="checkbox"/>	
WHEN ARE YOU AVAILABLE TO START WORK?	
HAVE YOU WORKED FOR US BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EMERGENCY CONTACT/NEXT OF KIN- NAME:	PHONE NUMBER OR EMAIL ADDRESS
EVIDENCE OF IDENTITY. ONE PHOTO IS REQUIRED (PLEASE BRING TO INDUCTION) DRIVERS LICENCE OR PASSPORT	
SHOW EVIDENCE OF RIGHT TO WORK IN AUSTRALIA (BRING PASSPORT TO INDUCTION)	
PASSPORT NUMBER	
COUNTRY OF ISSUE	
DO YOU HAVE ANY MEDICAL CONDITIONS THAT MIGHT AFFECT YOURSELF, FELLOW WORKERS OR FOOD SAFETY NO <input type="checkbox"/> YES <input type="checkbox"/> GIVE DETAIL	
DO YOU HAVE ANY ALLERGIES? EG: FRUIT POLLEN, DUST OR CHEMICALS? NO <input type="checkbox"/> YES <input type="checkbox"/> GIVE DETAIL	
BEES NO <input type="checkbox"/> YES <input type="checkbox"/> DO YOU CARRY AN EPIPEN NO <input type="checkbox"/> YES <input type="checkbox"/>	
DO YOU HAVE ANY CHRONIC PAIN SUCH AS BACK PAIN, SHOULDER PAIN? NO <input type="checkbox"/> YES <input type="checkbox"/> GIVE DETAIL	
DO YOU TAKE ANY MEDICATIONS THAT MAY AFFECT YOUR PERFORMANCE OR PLACE OTHERS AT RISK? NO <input type="checkbox"/> YES <input type="checkbox"/> GIVE DETAIL	
HAVE YOU EVER HAD ANY CRIMINAL CONVICTIONS IN THE LAST TEN YEARS? NO <input type="checkbox"/> YES <input type="checkbox"/> GIVE DETAIL	
FOR THE PURPOSE OF SUPPORTING YOU IN AN EMERGENCY, DO YOU HAVE ANY MEDICAL CONDITION WHICH WE SHOULD KNOW ABOUT (SUCH AS DIABETES, HEART PROBLEMS, EPILEPSY)? NO <input type="checkbox"/> YES <input type="checkbox"/> GIVE DETAIL	
HAVE YOU EVER HAD A WORKER'S COMPENSATION CLAIM AGAINST ANY EMPLOYER? NO <input type="checkbox"/> YES <input type="checkbox"/> GIVE DETAIL	

WORK HISTORY	POSITION TITLE COMPANY NAME
REFEREE	NAME POSITION COMPANY PHONE
DO YOU HAVE ANY EXPERIENCE PICKING FRUIT    NO <input type="checkbox"/> YES <input type="checkbox"/> TYPE	
BANK DETAILS -  FOR DEPOSIT OF WAGES	NAME OF ACCOUNT HOLDER  BSB ACCOUNT NUMBER BANK NAME
YOUR SUPERANNUATION DETAILS SUPERANNUATION FUND NAME YOUR ACCOUNT NUMBER	
FORWARDING ADDRESS AFTER YOU LEAVE TUMBARUMBA	

#### EMPLOYMENT CONDITIONS

I UNDERSTAND THAT IF I DO NOT PROVIDE A SUPERANNUATION FUND THAT ONE WILL BE SET UP FOR ME WITH AUSTRSAFE -A REGISTERED FUND AFTER 14 DAYS OF START DATE.

I AUTHORISE JOLLY BERRIES TO UNDERTAKE IDENTITY, VISA, REFERENCE CHECKS FOR THE PURPOSE OF EMPLOYMENT ONLY.

I UNDERSTAND THAT IF ANY INFORMATION GAINED FOR THE PURPOSE OF EMPLOYMENT IS UNSATISFACTORY MY APPLICATION OR EMPLOYMENT WILL BE TERMINATED IMMEDIATELY.

I UNDERSTAND THAT JOLLY BERRIES COLLECT THIS INFORMATION ON THE EMPLOYMENT APPLICATION TO ESTABLISH IDENTITY AND CREATE JOLLY BERRIES EMPLOYMENT RECORDS.

I UNDERSTAND THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND NOT USED FOR ANY OTHER PURPOSE WITHOUT MY PERMISSION, EXCEPT AS REQUIRED BY LAW.

I AUTHORISE JOLLY BERRIES TO DEPOSIT WAGES DIRECTLY IN THE BANK ACCOUNT LISTED IN MY EMPLOYMENT APPLICATION AND UNDERSTAND IT IS MY RESPONSIBILITY TO SUPPLY CORRECT DETAILS FOR PROMPT PAYMENT OF ANY WAGES.

I UNDERSTAND THAT SHOULD I PLACE MYSELF OR FELLOW WORKERS AT RISK BY MY ACTIONS THAT I WILL BE TERMINATED IMMEDIATELY.

I UNDERSTAND THAT I WILL BE EMPLOYED UNDER THE HORTICULTURE AWARD (2010) (MA000028).

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO MAKE ALL ENQUIRIES TO ESTABLISH MY RESIDENCY FOR AUSTRALIAN TAX PURPOSES AND IF ANY INFORMATION I SUPPLY IS INCORRECT I WILL BE TAXED ACCORDING TO ATO RULINGS AND THAT I CAN VIEW THE AUSTRALIAN TAX OFFICE WEBSITE AT

<http://www.ato.gov.au/individuals/content.aspx?doc=/content/25683.htm&pc=001/002/046/001/020&mnu=42957&mfp=001/002&st=&cy=>

DO YOU AGREE TO THESE WORK EMPLOYMENT CONDITIONS?    YES     NO

SIGNED

DATED    /    /

PLEASE POST, EMAIL/SCAN, OR HAND DELIVER THIS FORM TO THE ADDRESS BELOW.

JOLLY BERRIES 181 TUMBARUMBA RD TUMBARUMBA, NSW, 2653

EMAIL- [admin@jolly-berries.com.au](mailto:admin@jolly-berries.com.au)

WEBSITE - [www.jollyberries.com.au](http://www.jollyberries.com.au)    PHONE - 0427 760 446

THIS COMPLETES YOUR APPLICATION

IF YOU HAVE MISSED ANY REQUIRED QUESTIONS YOUR APPLICATION WILL NOT BE CONSIDERED, SO CHECK THAT YOU HAVE ANSWERED ALL QUESTIONS AND ARE PREPARED TO BRING ALL ORIGINAL DOCUMENTS

PASSPORT WITH VISA, DRIVER'S LICENSE OR OTHER PHOTO IDENTIFICATION.