

Employment Application

Date: _____

>This application is for Seasonal - Casual employment, commencing Mid-April through to Mid-August.

>Only applicants with fully completed forms will be considered.

> Please complete both pages

Full Name and Title: _____

Address: _____

Contact Phone: _____

Email: _____

Date of Birth: _____

1. Have you worked for Treloar Roses in the past? Yes / No
If yes, when: _____

2. Are you able to work full time hrs, 8am to 4.30pm, Monday to Friday? Yes / No

3. Are you prepared to work weekends if required? Yes / No

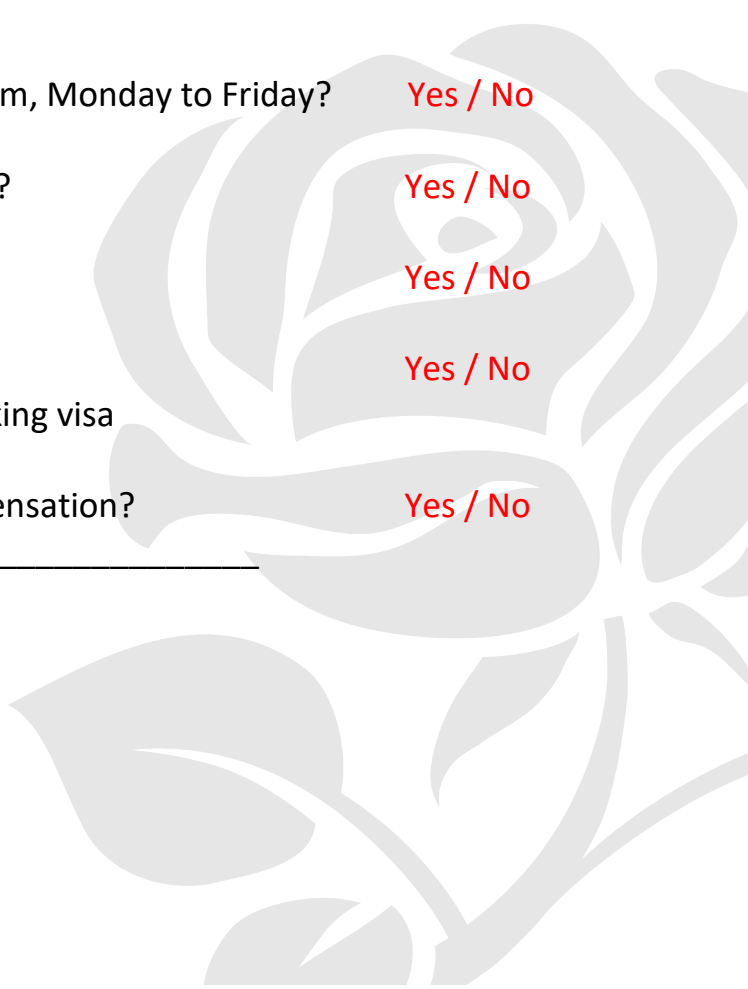
4. Do you have a Tax File Number? Yes / No

5. Are you an Australian Resident? Yes / No
If No, you will need to provide a copy of your working visa

6. Have you ever made a claim for Workers Compensation? Yes / No
If yes, please provide details: _____

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Medical Conditions

7. Do you have or have had any medical condition/s that may affect your ability to perform work duties.

Fractures or Sprains

Yes/No

Shoulder dislocation/knee reconstruction/back surgery

Yes/No

Lower back pain

Yes/No

Carpel Tunnel

Yes/No

Other _____

If yes, please provide details: _____

8. Are you required to take medication which may impact your ability to perform the duties of the position?

Yes / No

9. Please provide a current resume including two referees

COMPANY: _____ Phone No: _____

Contact Person:

COMPANY: _____ Phone No: _____

Contact Person:

Regards

Management
Treloar Roses

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