TRELOAR ROSES

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ABN: 77131725972

TRELOARROSES.COM.AU

Employment Application

This application is for seasonal full-time employment, usually commencing Mid-April through to Mid-August.

Have you worked for Treloar Roses in the past? **Yes** ☐ **No** ☐
If yes, when:

Your Details:

Name: **Phone:**
Address:
Date of Birth:

Questions:

1. Do you have a medical condition that may affect your ability to perform the duties required? **Yes** ☐ **No** ☐
If yes, please provide details:

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

3. Have you ever made a claim for Workers Compensation? **Yes** ☐ **No** ☐
If yes, please provide details:

4. Are you prepared to work weekends if required? **Yes** ☐ **No** ☐

5. Provide details of past two employers (leave blank if attaching resume including referees):

COMPANY: **Phone No:**
Contact Person:

COMPANY: **Phone No:**
Contact Person:

Only applicants with fully completed forms will be considered. Once completed please email this form and your resume to sales@treloarroses.com.au and ensure you receive a reply confirming we have received your application.

For the love of roses