

## APPLICATION FOR EMPLOYMENT

**1. PERSONAL DETAILS**

|  |  |   |
|--|--|---|
| Name   |  |   |
| Residential Address  |  |   |
|  |  |   |
| Postal Address   |  |   |
|  |  |   |
| Contact Details  | Home: _____  | Mobile: _____   |
|  | Email: _____   |   |
| Date of Birth  |  |   |
| Are you an Australian Citizen?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, please attached a copy of your current Passport & Visa |
| I _____, give Riverland Vine Improvement permission to check my Visa status. |  |   |

|   |   |                   |
|---|---|-------------------|
| 1.1 What position are you applying for?   |   |                   |
| 1.2 When would you be prepared to start work?   |   |                   |
| 1.3 Do you have a current driver's licence?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Licence No: _____ |
| 1.4 Do you have a current forklift licence?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Licence No: _____ |
| 1.5 Do you have a current front end loader licence?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Licence No: _____ |
| 1.6 Do you have any other licences?   |   |                   |
| 1.7 Have you recently used a job agency for assistance in obtaining employment? If so, please tick relevant agency. | <input type="checkbox"/> Madec <input type="checkbox"/> Mission Australian<br><input type="checkbox"/> Job Prospects <input type="checkbox"/> Sure way Employment<br><input type="checkbox"/> Other, Please specify _____ |                   |

## 2. PREVIOUS EXPERIENCE

2.1 Have you previously worked for RVIC?  Yes  No Year \_\_\_\_\_

2.2 Please list any previous experience or qualifications you have which you believe are relevant to the position. (E.g. vineyard or nursery work).

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|                                   |  |
|-----------------------------------|--|
| Name of last Employer             |  |
| Contact Number                    |  |
| Position Held                     |  |
| How long were you employed there? |  |
| What was the reason for leaving?  |  |

## 3. MEDICAL INFORMATION

3.1 Do you have any pre-existing injuries or medical conditions that may affect your ability to do this work?

Yes  No If yes, Please give details below.

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I declare that this information is true and correct.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_