



Better Value - Awesome Chips

SUPERVISOR / MANAGEMENT APPLICATION FORM

Family Name : _____ **Given Names :** _____

Address: _____

Suburb: _____ **Postcode:** _____

Phone: _____ **Mobile:** _____

Date of Birth: _____ **Age:** _____ **Height:** _____

Note :- Use an "X" to tick the appropriate box.

Are you: *At School* *At Uni/CIT* *Other*

If other, please specify _____

Highest level of educational achievement _____

Do you have your own transport? Car / Motorbike

Do you have to share the use of this transport? Yes No

Are you a Citizen or a Permanent Resident of Australia? Yes No

If your Answer to the Previous Question is No, How many hours can you work for a week? _____

If you are a Citizen or a Permanent Resident of Australia Will you be interested in a traineeship? Yes No

PREVIOUS EMPLOYMENT HISTORY

Please list your last 3 employers.

	EMPLOYER	START DATE	FINISH DATE	DUTIES PERFORMED	REASON FOR LEAVING	CONTACT NAME / PHONE
1.						
2.						

3.						
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Do you agree to the use of Closed Circuit Television in the store for your protection, security and training ? Yes No

Disclosure – We require this information to assess your suitability for employment with this company. This information is confidential and will not be disclosed to any unrelated party.

1. Have you ever been dismissed for breaching cash handling procedures? _____
2. Have you been dismissed for fighting or being intoxicated at work? _____
3. Have you been dismissed for other misconduct? _____
4. Have you made any insurance claims: workers comp. or otherwise? _____
5. Have you ever been dismissed for unsatisfactory work performance? _____
6. Have you been convicted of a criminal offence in the last 10 years? _____
7. Do you currently have any lifting or movement restrictions? _____
8. Do you have or expect to require medical follow up for any of the following:

.Blood disorder Yes <input type="checkbox"/> No <input type="checkbox"/>		Mental illness Yes <input type="checkbox"/> No <input type="checkbox"/>
Cancer Yes <input type="checkbox"/> No <input type="checkbox"/>		Pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/>
Heart disease Yes <input type="checkbox"/> No <input type="checkbox"/>		Respiratory disease requiring admission to hospital Yes <input type="checkbox"/> No <input type="checkbox"/>
Hepatitis B Yes <input type="checkbox"/> No <input type="checkbox"/>		Any form of surgery Yes <input type="checkbox"/> No <input type="checkbox"/>
HIV infection including AIDS. Yes <input type="checkbox"/> No <input type="checkbox"/>		Any other Health conditions not listed here (give details) Yes <input type="checkbox"/> No <input type="checkbox"/>
Liver Disease Yes <input type="checkbox"/> No <input type="checkbox"/>		

9. Do you have any hearing or seeing impairment?

If you answered ‘YES’ to any of these questions, please write the question number (e.g. 1) and explain why in the space below.

Would you be willing to attend weekly meetings at Head Office. Yes No

Do you agree to work during public holidays when rostered on. Yes No

Do you agree to attend training sessions in Kingsley's Chicken Head Office. Yes
No

How many hours do you want to work in a week? _____ **Hours**

How much do you expect to earn per week? _____

Are you prepared to undergo a 15 hr pre-employment training programme on your own time and expense? Prepared Not prepared to

Are you prepared to study certain material before the commencement of training?
Yes No

Are you prepared to attend one-hour store crew meetings outside work hours once a fortnight on Saturday or Sunday morning? Prepared Not prepared to

I am able not able to work on close up shifts and understand that this may require me to complete my responsibilities at 10:30 PM or 11:00 PM at night.

If unable to do a close up shift, please explain:

Declaration

I declare that the information I have given on this form is complete and true to the best of my knowledge and belief.

I consent to a representative of the business contacting my previous employer(s) to conduct reference checks.

I understand that any false statement or failure to disclose any material information could result in the rejection of my application or instant dismissal from employment.

I understand and accept that if successful, I will be on a probationary period of 6 months.

Signed: _____ **Date:** _____

Name (please print) _____

Kingsley's thanks you for taking the time to complete this application. It will be evaluated along with the other applications and we will notify you of its progress.