

APPLICATION FOR EMPLOYMENT

Privacy Statement – The information sought on this form is for the purpose of assessing employment suitability. Failure to complete all sections of the form may mean that the application cannot be assessed. A personal signature on this form displays that you accept that reference checks will be made and that you duly authorize third parties to supply such reference information to Morgan’s Supermarkets. The information on this form will not be disclosed to any person, other than as required by law. This form will be destroyed if employment is unsuccessful. For a full copy of our Privacy Policy go to www.morgansiga.com.au or write to - The Privacy Officer, Morgan’s Support Centre, PO Box 301, Melton 3337.

PERSONAL DETAILS

If employed this section will help us contact you or a relative in an emergency.

SURNAME: _____ GIVEN NAMES: _____

ADDRESS: _____
 _____ POSTCODE: _____

PHONE NUMBER
 (HOME): _____ (MOBILE) _____ (WORK): _____

DATE OF BIRTH(Optional): _____

In the course of your employment you may be required to travel to other locations. Do you hold a drivers license?
 (Please circle) YES NO License Number (if applicable) _____

In case of an emergency, who should we contact? Name: _____ Relationship: _____
 Phone No(s): _____ Address: _____

Do you have any commitments or reasons that may interfere with your work attendance?
 (eg. family, school) YES NO
 If yes, please provide details: _____

Do you give permission for Morgans to do a Criminal Police Check on you?
 YES NO

EDUCATIONAL HISTORY.

These details are required so we are aware of the full extent of skills and experience that you can bring to our Team. If this information has been provided on your resume do not complete this section.

Please list your most recent achievements first.

NAME OF INSTITUTION	YEARS ATTENDED	HIGHEST LEVEL	SUBJECTS COMPLETED

Are you, or have you been, a member of any technical, professional or union institution YES NO
 If yes, please provide details: _____

EMPLOYMENT HISTORY.

We do contact current and prior employers as well as your referees. This ensures we make the most appropriate selection for the position

EMPLOYMENT RECORD (Current position first)

EMPLOYER	PHONE NO.	EMPLOYMENT PERIOD	POSITION, DUTIES / RESPONSIBILITIES	GROSS SALARY	REASON FOR LEAVING

If currently employed what length of notice are you required to provide? _____

May we contact your current employer? YES NO

Have you made an application for employment or previously worked with this Company before?
YES NO

If so, when and for which position? _____

Do you have any relatives/friends employed with Morgans Supermarkets.
YES NO

If so, please provide details. _____

Please provide us with the name, position and telephone number of two referees we may contact, (preferably work related).

GENERAL INFORMATION.

To provide us with more details about how you would be an asset to this Company, we ask you to complete the following questions.

Why do you want to join our Team at this Company?

How would you travel between work and home?

What are/were you responsible for in your present/last position?

What tasks in your present/last position do/did you do well? Please be specific.

Can you give an example of a challenging experience you have faced and what you did?

What do you see as your personal strengths?

Have you done a retail traineeship? Yes No

Please indicate the times during which you are available to work:

	MON	TUES	WED	THURS	FRI	SAT	SUN
START							
FINISH							

How do you feel about working evenings and weekends?

Are you available to work on short notice? YES NO

What would you like to achieve in the next:

i) year? _____

ii) three years? _____

iii) ten years? _____

What self development have you undertaken in the last three years?

What hobbies/sports or other interests do you have?

HEALTH AND SAFETY RECORD

We do not want to harm people or have people aggravate health problems that are pre-existing. Do you suffer from any illnesses or injuries which may affect your ability to perform certain duties? If yes, please provide details :

Have you ever had sprains, strains, aches, breaks soreness with:- (please circle)

shoulder(s) chest back neck wrist(s) knee(s)
 arm(s) eye(s) hand(s) elbow(s) leg(s) ankle(s)

Do you have any allergies? YES NO If so, please describe _____

If yes please provide details: _____

Have you ever had a hernia/epilepsy/heart condition/high or low blood pressure (please circle):

If yes, please provide details. _____

Are you currently on medication? YES NO Name of medication: _____

HEALTH AND SAFETY RECORD

Morgan's Supermarkets uphold The Accident Compensation Act 1985 Section 82 sub-section (8). Sub-section (8) will apply to failure of disclosing information or stating false or misleading information with respect to pre-existing injuries or diseases.

If this sub-section applies any recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing injury or disease arising out of or in the course of or due to the nature of employment with Morgan's Supermarkets does not entitle the worker to compensation under the Act.

Do you have any comments to make that might be relevant to your application?

DECLARATION



I, _____, (full name), declare that the information provided in this application for employment is a true and correct record of my personal details, qualifications and experience. I accept that this information will be subjected to verification and that any falsification of information is grounds for dismissal if employed.

I am prepared to undergo a medical examination if required.

I understand that as part of my application I agree to abide by this Company's regulations and policies, should I be employed.

I understand that as part of my application I agree to attend a 'Pre-Employment Interview/Induction' (without pay) to determine my ability to work in a team environment and to provide an understanding of Company policies and the position I have applied for, before I start. I understand that I am NOT guaranteed employment until I have successfully completed this 'Pre-Employment Interview/Induction'.

I understand that, should I be employed, I will be required to participate in the Companies Traineeship Program (provided I meet the requirements) and will also be prepared to work on average up to 13 hours per week to qualify for the training program. I will also be required to attend various development courses during my employment.

I accept that my employment is not based at one particular store and that transfers between stores/companies form part of my employment and that my personal details may need to be transferred to other companies within the Morgan Family Supermarkets. I understand this may be on a permanent or as needed basis.

I have a clear understanding of the above conditions of employment and agree to participate.

Signature of Applicant: _____ **Date:** _____

Print Name of Applicant: _____ **Date:** _____

Signature of Interviewer: _____ **Date:** _____

Print Name of Interviewer: _____ **Date:** _____

Store Managers Name: _____ **Signature:** _____

OFFICE USE:

Managers recommendation on applicant. Store Name: _____

- 13 hour minimum achievable	Y	N-	Employment restrictions	Y	N
- References from Resume have been phoned	Y	N-	Epilepsy Safety Plan needed	Y	N