

IMPORTANT: You must sign the declaration at the bottom of this page

If you have a resume, please attach. If you do not, complete your employment information below.

Current / Most recent employer				
Employer Name and Location				
Period	Start		End	
Brief description of duties performed				
Contact number				
Do you agree for this employer to be used as a reference?	Yes		No	

Other Employment				
Employer Name and Location				
Period	Start		End	
Brief description of duties performed				
Contact number				

Employer Name and Location				
Period	Start		End	
Brief description of duties performed				
Contact number				

I UNDERSTAND THAT THE COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE AN OFFER OF EMPLOYMENT

DECLARATION:	
By signing below, I acknowledge that the information I have provided is true and correct to the best of my knowledge. I understand that if I give any false or misleading information to any question on this application, I will, if accepted for employment, be subject to dismissal without notice.	
Name:	
Signed:	
Date:	



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COFCO

2025 CRUSHING SEASON

CONFIDENTIAL EMPLOYMENT APPLICATION

Name: _____

Date: _____ / _____ / _____

THIS APPLICATION IS CURRENT FOR 2025 ONLY

Personal Details	
Surname	
Given name/s	
Residential address	
Postal address	
Phone number	
Email address	

Residency status	Yes	No
Are you an Australian Citizen or Permanent Resident?		
If no , do you hold a current work visa?		
What is your visa sub-class?		
Does your visa have any restrictions?		
If yes , please specify restrictions:		

Previous application/ employment at Tully Sugar Limited	Yes	No
Have you previously applied for seasonal work with Tully Sugar Limited?		
Have you previously been employed by Tully Sugar Limited?		
If yes, please provide further details:		

	Yes	No
Are you prepared to work shift work?		
Are you prepared to work overtime?		
Are you prepared to work weekends?		
Are you prepared to work both inside and outside of the factory when required?		
If you selected no, please provide further details:		

Do you hold a trade qualification?	Yes	No
If yes, please state what trade:		

Do you hold a current driver's licence	Yes	No
Class/es:		

If you hold any other *current* certificates/ licences, please list type/class below:

(E.g. High-risk work licence, loader, forklift etc.)

1.	4.
2.	5.
3.	6.

If you have had a licence/qualification in the past that is now expired, please list below:

If you are offered employment, a copy of applicable current licence/s and certificate/s will need to be supplied or copied by Tully Sugar Limited.

FIT FOR WORK AND SAFE WORK ENVIRONMENT

Tully Sugar Limited has in place and is committed to a safety management program. Responses to the questions asked in the enclosed documents are important to us because an informed risk assessment can be made of your ability to safely carry out the requirements of seasonal work being offered.

The documents are the general physical requirements of a seasonal General Mill Worker, Locomotive Driver's Assistant and Laboratory Assistant. **All applicants must complete the General Mill Worker questions and if applying for the other position/s complete these in addition to the General Mill Worker.**

Do you agree to use personal protective equipment where it is provided by the company?	Yes		No	
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Drug and alcohol Screening

Prior to being offered work at Tully Sugar Limited you will be required to participate in pre-employment drug and alcohol screening. You will be asked to visit a pathology clinic for this test and all costs associated are at the company's expense.

Do you agree to participate in drug and alcohol screening and have the confidential results made available to Tully Sugar management?	Yes		No	
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Tell us why you would like the opportunity to work at Tully Sugar?

Provide any additional information which may be relevant to your application:

Position requirements - General Mill Worker

Please study the photos and then tick the following

If you tick reduced capability please provide details overleaf



	Capable	Reduced Capability
Physical		
Ability to wear high visibility long clothing, steel capped boots, safety glasses and other PPE	<input type="checkbox"/>	<input type="checkbox"/>
Standing/walking for the majority of a shift (>6hrs)	<input type="checkbox"/>	<input type="checkbox"/>
Regular squatting, bending, kneeling, stooping to access machinery and equipment	<input type="checkbox"/>	<input type="checkbox"/>
Ability to move in and out of tight spaces (480mm) safely and easily, eg coupling and uncoupling of bins	<input type="checkbox"/>	<input type="checkbox"/>
Occasional shovelling, sweeping and raking	<input type="checkbox"/>	<input type="checkbox"/>
Climbing on/off and in/out of vessels or machinery	<input type="checkbox"/>	<input type="checkbox"/>
Climbing in/out of confined spaces	<input type="checkbox"/>	<input type="checkbox"/>
Working at heights (on bridges, 3 to 4 floors above the ground)	<input type="checkbox"/>	<input type="checkbox"/>
Regularly climbing stairs and ladders (up to six flights)	<input type="checkbox"/>	<input type="checkbox"/>
Undertake work frequently between ground and shoulder level and occasionally overhead	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally lifting up to 20kg, mainly below mid thigh level	<input type="checkbox"/>	<input type="checkbox"/>
Pushing/pulling welders and other tools and equipment	<input type="checkbox"/>	<input type="checkbox"/>
Work requiring force eg sledge hammering and grinding sometimes in tight or restrictive areas	<input type="checkbox"/>	<input type="checkbox"/>
Other		
Wearing of protective equipment to avoid exposure to fumes associated with welding	<input type="checkbox"/>	<input type="checkbox"/>
Wearing protective clothing and face shield to avoid exposure to UV radiation associated with welding	<input type="checkbox"/>	<input type="checkbox"/>
Wear hearing protection whilst working around noisy machinery and operations	<input type="checkbox"/>	<input type="checkbox"/>
Work with possible heat, vibration and steamy environments when working in the factory	<input type="checkbox"/>	<input type="checkbox"/>
Vision		
Able to read safety signs	<input type="checkbox"/>	<input type="checkbox"/>
Able to read instructions	<input type="checkbox"/>	<input type="checkbox"/>
Able to read gauges, dials and meters	<input type="checkbox"/>	<input type="checkbox"/>
Able to see movements of overhead gantry crane, mobile plant	<input type="checkbox"/>	<input type="checkbox"/>
Hearing/Speech		
Hear warning signals	<input type="checkbox"/>	<input type="checkbox"/>
Give/take instructions	<input type="checkbox"/>	<input type="checkbox"/>
Operate and hear two-way radio instructions	<input type="checkbox"/>	<input type="checkbox"/>

Position requirements - General Mill Worker *continued*

Capable	Reduced Capability
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Awareness

Being alert when assisting tradespeople	<input type="checkbox"/>	<input type="checkbox"/>
Being alert when working around moving machinery	<input type="checkbox"/>	<input type="checkbox"/>
Being alert to movement of overhead gantry crane	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked reduced capability for any of the above or if you are aware of any personal, medical or other condition that could limit or prevent you from doing the tasks described please give details below:

By signing below, I acknowledge that I:

Have read and understood the material provided;

Have provided information that is true and correct to the best of my knowledge;

Understand that providing any false or misleading information to any question on this form, I will, if accepted for employment, be subject to dismissal without notice.

Name: _____

Signed: _____

Dated: _____

Position requirements - Laboratory Assistant

Please tick the following

If you tick reduced capability please add details overleaf



	Capable	Reduced Capability
Physical		
Ability to wear high visibility long clothing, steel capped boots, safety glasses and other PPE	<input type="checkbox"/>	<input type="checkbox"/>
Constant walking/standing and turning all shift	<input type="checkbox"/>	<input type="checkbox"/>
Frequent climbing of stairs usually carrying samples	<input type="checkbox"/>	<input type="checkbox"/>
Occasional bending/squatting eg. usually when lifting, access storage shelves under bench	<input type="checkbox"/>	<input type="checkbox"/>
Work takes place mainly at bench level	<input type="checkbox"/>	<input type="checkbox"/>
Lifting two and a half litre Winchester bottles of concentrated sulphuric and nitric acids	<input type="checkbox"/>	<input type="checkbox"/>
Washing up beakers and test equipment, wiping benches	<input type="checkbox"/>	<input type="checkbox"/>
Mixing and pouring chemicals and samples and operating test equipment	<input type="checkbox"/>	<input type="checkbox"/>
Bilateral upper limb and hand use requiring gross grasps and prehension grips	<input type="checkbox"/>	<input type="checkbox"/>
Other		
Working with chemicals wearing the correct PPE	<input type="checkbox"/>	<input type="checkbox"/>
Wear hearing protection to avoid exposure to any occasional excessive noise in some areas of mill	<input type="checkbox"/>	<input type="checkbox"/>
Work with possible heat, vibration and steamy environments when working in the factory	<input type="checkbox"/>	<input type="checkbox"/>
Data Entry	<input type="checkbox"/>	<input type="checkbox"/>
Regular blood testing for lead (Inside laboratory positions only)	<input type="checkbox"/>	<input type="checkbox"/>
Vision		
Operate computer	<input type="checkbox"/>	<input type="checkbox"/>
Read instructions	<input type="checkbox"/>	<input type="checkbox"/>
Read dials and meters	<input type="checkbox"/>	<input type="checkbox"/>
Read/fill in data sheets	<input type="checkbox"/>	<input type="checkbox"/>
Take temperatures and weights, make measurements	<input type="checkbox"/>	<input type="checkbox"/>
Use calculator	<input type="checkbox"/>	<input type="checkbox"/>
Hearing/Speech		
Hear timer alarm	<input type="checkbox"/>	<input type="checkbox"/>
Give/take instructions	<input type="checkbox"/>	<input type="checkbox"/>
Use phone	<input type="checkbox"/>	<input type="checkbox"/>
Consciousness		
Working within time limits	<input type="checkbox"/>	<input type="checkbox"/>
Complete mathematical calculations	<input type="checkbox"/>	<input type="checkbox"/>
Be aware of hazardous activities in the lab.	<input type="checkbox"/>	<input type="checkbox"/>

Position requirements - Laboratory Assistant *continued*

If you have answered reduced capability for any of the above or if you are aware of any personal, medical or other condition that could limit or prevent you from doing the tasks described please give details below:

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Have provided information that is true and correct to the best of my knowledge;

Understand that providing any false or misleading information to any question on this form, I will, if accepted for employment, be subject to dismissal without notice.

Name: _____

Signed: _____

Dated: _____

Position requirements - Locomotive Driver's Assistant

Please study the photos and then tick the following

If you tick reduced capability please add details overleaf



	Capable	Reduced Capability
Physical		
Ability to wear high visibility long clothing, steel capped boots, safety glasses and other PPE	<input type="checkbox"/>	<input type="checkbox"/>
Walking for the majority of a shift (>6hrs)	<input type="checkbox"/>	<input type="checkbox"/>
Sitting for the majority of a shift (>6hrs)	<input type="checkbox"/>	<input type="checkbox"/>
Regular squatting, bending, kneeling, stooping to chock, couple and uncouple bins	<input type="checkbox"/>	<input type="checkbox"/>
Forward overhead reaching	<input type="checkbox"/>	<input type="checkbox"/>
Walking on and accessing various terrain including uneven ground	<input type="checkbox"/>	<input type="checkbox"/>
Climbing steep stairs and ladders	<input type="checkbox"/>	<input type="checkbox"/>
Regular use of hands, lifting equipment and tools, changing of points, coupling and uncoupling of bins	<input type="checkbox"/>	<input type="checkbox"/>
Ability to move in and out of tight spaces (480mm) safely and easily to be able to couple and uncouple bins	<input type="checkbox"/>	<input type="checkbox"/>
Climbing on and off a loco to change points when the loco is under way at walking pace	<input type="checkbox"/>	<input type="checkbox"/>
Occasional lifting hand tools or equipment up to 20kg	<input type="checkbox"/>	<input type="checkbox"/>
Work requiring force eg locating chocks, tail sticks or bin pins sometimes in tight or restrictive areas	<input type="checkbox"/>	<input type="checkbox"/>
Other		
Dusty and dry conditions	<input type="checkbox"/>	<input type="checkbox"/>
Sun protection - wearing sunscreen, long clothing and hat	<input type="checkbox"/>	<input type="checkbox"/>
Work with fuel and oil when performing pre-start inspections	<input type="checkbox"/>	<input type="checkbox"/>
When locomotive is underway feeling vibration and jerky movements	<input type="checkbox"/>	<input type="checkbox"/>
Vision		
Able to read safety signs	<input type="checkbox"/>	<input type="checkbox"/>
Able to read instructions	<input type="checkbox"/>	<input type="checkbox"/>
Able to read gauges, dials and meters	<input type="checkbox"/>	<input type="checkbox"/>
Vision for instruction, signs and hand signals	<input type="checkbox"/>	<input type="checkbox"/>
Ability to count bins and record or check data accurately	<input type="checkbox"/>	<input type="checkbox"/>
Hearing/Speech		
Hear warning signals	<input type="checkbox"/>	<input type="checkbox"/>
Give/take instructions	<input type="checkbox"/>	<input type="checkbox"/>
Operate and hear two-way radio instructions	<input type="checkbox"/>	<input type="checkbox"/>

Position requirements - Locomotive Driver's Assistant *continued*

	Capable	Reduced Capability
Awareness		
Being alert when assisting locomotive driver	<input type="checkbox"/>	<input type="checkbox"/>
Being alert when working around moving machinery eg bins, locomotive and mobile plant	<input type="checkbox"/>	<input type="checkbox"/>
Being alert to surroundings at all times	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered reduced capability for any of the above or if you are aware of any personal, medical or other condition that could limit or prevent you from doing the tasks described please give details below:

By signing below, I acknowledge that I:
Have read and understood the material provided;
Have provided information that is true and correct to the best of my knowledge;
Understand that providing any false or misleading information to any question on this form, I will, if accepted for employment, be subject to dismissal without notice.

Name: _____
Signed: _____
Dated: _____