

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: | | | | |



中粮
COFCO

2026 CRUSHING SEASON

CONFIDENTIAL EMPLOYMENT APPLICATION

Name: _____

Date: _____ / _____ / _____

THIS APPLICATION IS CURRENT FOR 2026 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.

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

All applicants are to complete the 'Position Requirements' sheet as part of their application.

FIT FOR WORK AND SAFE WORK ENVIRONMENT

| | | | | |
|--|-----|--|----|--|
| Do you agree to use personal protective equipment where it is provided by the company? | Yes | | No | |
|--|-----|--|----|--|

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 | |
|---|-----|--|----|--|

Audiometric Testing

Should you be successful with this application, you will be required to participate in mandatory Audiometric Testing in accordance with the WHS Act 2011.

| | | | | |
|---|-----|--|----|--|
| Do you agree to participate in Audiometric Testing when required? | Yes | | No | |
|---|-----|--|----|--|

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

Please study the photos and then tick the following
If you tick reduced capability please add details overleaf



| | Capable | Reduced capability |
|---|--------------------------|--------------------------|
| Physical | | |
| Wear required Personal Protective Equipment (PPE) including but not limited to safety glasses, safety goggles, hearing protection, sunscreen/sun protection, face shield, head protection, respirator, safety harness | <input type="checkbox"/> | <input type="checkbox"/> |
| Wear required PPE clothing including but not limited to High visibility, long clothing, steel or composite capped boots, gloves | <input type="checkbox"/> | <input type="checkbox"/> |
| Stand/ walk/ sit for more than 2 hours | <input type="checkbox"/> | <input type="checkbox"/> |
| Regular squatting, bending, kneeling, twisting, reaching | <input type="checkbox"/> | <input type="checkbox"/> |
| Manual handling, gripping, lifting, carrying objects (up to 25kg) | <input type="checkbox"/> | <input type="checkbox"/> |
| Move in and out of tight spaces (480mm) safely and easily | <input type="checkbox"/> | <input type="checkbox"/> |
| Walk on uneven / rough ground | <input type="checkbox"/> | <input type="checkbox"/> |
| Shovelling, sweeping and raking | <input type="checkbox"/> | <input type="checkbox"/> |
| General cleaning & housekeeping | <input type="checkbox"/> | <input type="checkbox"/> |
| Work in confined spaces (includes climbing in and out) | <input type="checkbox"/> | <input type="checkbox"/> |
| Working at heights (on bridges, 3 to 4 floors above the ground) | <input type="checkbox"/> | <input type="checkbox"/> |
| Able to use hands and arms to perform small precise, coordinated movements with accuracy | <input type="checkbox"/> | <input type="checkbox"/> |
| Climbing on/off and in/out of process or machinery (including confined spaces & mobile plant) | <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"/> |
| Work with chemicals, dust, high noise, or other potential hazards | <input type="checkbox"/> | <input type="checkbox"/> |
| Work in environments with high vibration (including in locomotives) | <input type="checkbox"/> | <input type="checkbox"/> |
| Pushing/pulling tools and equipment | <input type="checkbox"/> | <input type="checkbox"/> |
| Work requiring force eg sledge hammering, grinding, locating chocks (sometimes in tight or restrictive areas) | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | | |
| Operate technologies including computer, phone, calculator etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to check, collate and record data accurately | <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"/> |
| Able to complete work efficiently and within set times | <input type="checkbox"/> | <input type="checkbox"/> |
| Able to participate in regular blood testing for lead (specific positions only) | <input type="checkbox"/> | <input type="checkbox"/> |
| Vision | | |
| Read and follow safety signs | <input type="checkbox"/> | <input type="checkbox"/> |
| Read and follow written instructions | <input type="checkbox"/> | <input type="checkbox"/> |

| | Capable | Reduced capability |
|---|--------------------------|--------------------------|
| Able to read gauges, dials and meters | <input type="checkbox"/> | <input type="checkbox"/> |
| Follow visual instructions such as hand signals | <input type="checkbox"/> | <input type="checkbox"/> |

Hearing/Speech

| | | |
|--|--------------------------|--------------------------|
| Hear warning signals and alarms | <input type="checkbox"/> | <input type="checkbox"/> |
| Hear and give/follow instructions | <input type="checkbox"/> | <input type="checkbox"/> |
| Operate and hear and follow two-way radio instructions | <input type="checkbox"/> | <input type="checkbox"/> |

Awareness

| | | |
|---|--------------------------|--------------------------|
| Being aware of surroundings at all times | <input type="checkbox"/> | <input type="checkbox"/> |
| Being alert when working around moving machinery (including locomotives, mobile plant etc.) | <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:

| |
|--|
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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: _____