

**Residency Status:** (Non-Australian applicants only)

Are you in Australia on a visa?                      Yes    /    No

If yes, do you have a current work permit?                      Yes    /    No

**PERSONAL DETAILS:**

Surname:\_\_\_\_\_ Given Names: \_\_\_\_\_

Residential Address:\_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ (Town) \_\_\_\_\_ (Post Code) \_\_\_\_\_ (State)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you previously applied for seasonal work with Tully Sugar?    Yes    /    No

Have you previously worked for Tully Sugar Limited?                      Yes    /    No

If yes please state when and what duties you performed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The position may require you to work overtime or a continuous shift roster for the crushing season.

Are you prepared to work shift work?                      Yes    /    No

Are you prepared to work overtime?                      Yes    /    No

Are you prepared to work weekends?                      Yes    /    No

Are you prepared to work both inside and outside of the  
factory when required?                      Yes    /    No

If no, please give reason why \_\_\_\_\_

\_\_\_\_\_

Do you have a trade qualification?                      Yes    /    No

If yes, state trade certificate \_\_\_\_\_

\_\_\_\_\_

Drivers Licence: (some positions require employees to hold a current drivers licence)

Do you hold a current drivers licence?    Yes    /    No    Class/es \_\_\_\_\_

Other Certificates held: (e.g. High Risk Work Licence, Loader etc) List type or class below:

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

If you are employed a copy of the above licence and certificates will be required.

Give any further information about past workplace training you may consider relevant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 it in addition to the General Mill Worker.

**Personal Protective Equipment**

- 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 provide either a urine or saliva sample that will be tested at the Company's expense for the presence of illicit drugs.

- Do you agree to provide that sample and have a related report made available to Tully Sugar Limited management? (Please circle)    Yes / No

**BRIEFLY ANSWER THE FOLLOWING:**

Why do you want to work at Tully Sugar Limited? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CURRENT OR MOST RECENT EMPLOYMENT**  
(You may attached a resume if you have one)

Employer's Name & Address \_\_\_\_\_ Actual work performed \_\_\_\_\_  
Present employer if currently employed \_\_\_\_\_  
\_\_\_\_\_  
Do you agree for this employer to be used as a reference (please circle) Yes / No  
Phone Number \_\_\_\_\_  
Period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMPLOYMENT HISTORY**

Employer's Name & Address \_\_\_\_\_ Actual work performed \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_  
Employer's Name & Address \_\_\_\_\_ Actual work performed \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**I UNDERSTAND THE COMPLETION OF THIS APPLICATION IS NOT A GUARANTEE OF EMPLOYMENT.**

**DECLARATION:**

By signing below, I acknowledge that the above details are 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.

Signed \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name: \_\_\_\_\_



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COFCO

**2022 CRUSHING SEASON**

**CONFIDENTIAL EMPLOYMENT APPLICATION**

Name .....

Date ...../...../.....

**THIS APPLICATION FORM IS CURRENT FROM MARCH TO DECEMBER 2022 ONLY**