



**EMPLOYMENT APPLICATION FOR CASUAL POSITION**

PLEASE COMPLETE AND EMAIL TO: [marathon.m@bigpond.com](mailto:marathon.m@bigpond.com)

FIRST NAME: \_\_\_\_\_ SURNAME (FAMILY NAME): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: M/F \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

START DATE: \_\_\_\_\_ TAX FILE NUMBER: \_\_\_\_\_

JOB DESCRIPTION: (SHED/PICKING ETC) \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_ SUPERANNUATION: PLEASE COMPLETE ATTACHED FORM

**EMPLOYEE'S LETTER OF AUTHORITY**

I hereby authorize my employer to bank proceeds of Wages earned to the following account:

NAME OF BANK ACCOUNT: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_ BANK ADDRESS: \_\_\_\_\_

BANK BSB:(6 NUMBERS ONLY): \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CONTACT INFORMATION IN CASE OF EMERGENCY:**

NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT ADDRESS: \_\_\_\_\_

PREVIOUS WORK EXPERIENCE: \_\_\_\_\_

**HEALTH DETAILS IN CASE OF EMERGENCY :**

ALLERGIES: \_\_\_\_\_

BLOOD GROUP: (IF KNOWN) \_\_\_\_\_

DIABETES: Y/N \_\_\_\_\_

EPILEPSY: Y/N \_\_\_\_\_

COLOUR BLINDNESS: /N \_\_\_\_\_

DEAFNESS: Y/N \_\_\_\_\_

OTHER: PLEASE SPECIFY: \_\_\_\_\_

Have you had an allergic reaction to mangoes or suffered sapburn that required medical attention? \_\_\_\_\_

DATE OF TETANUS VACCINATION: (if known) \_\_\_\_\_

PREVIOUS INJURIES: \_\_\_\_\_

I hereby agree to the following terms and conditions of employment:

1. Safety equipment as supplied by S & J& A & C Pappalardo is to be worn at all times.
2. Covered footwear and appropriate clothing is to be worn at all times. Pickers are to wear a long sleeve shirt, long trousers, hat and sunscreen while picking. No thongs or sandals are to be worn on the work premises.
3. Wear clean clothes each day. Mango sap gets into clothes and causes mango rash.
4. Ensure mangoes are handled correctly to prevent sap burn. If unsure ask the supervisor.
5. General duty, eg. Servicing equipment and vehicles as determined by Management or Supervisor.
6. No driving of vehicles or plant and equipment by unlicensed personnel. Speed limit on farm – 5km.
7. Forklifts have right of way.
8. Skylarking involving any inappropriate behaviour will not be tolerated.
9. No alcohol or drugs to be consumed on the premises.
10. No smoking or bad language will be tolerated.
11. Long hair must be tied back at all times and jewellery kept to a minimum.
12. Hands are not to be put into the machinery whilst in operation. Pull the stop cord in an emergency.
13. All employees are to report to Management or Supervisor, any dangerous situations or accidents.
14. Faulty machinery must be reported to a Supervisor or Management immediately.
15. All accidents and or injuries are to be reported to the First Aid Officer or Supervisor.
16. Starting and finished times will be determined by Management or Supervisor.
17. Morning and afternoon tea, 10 minute break, will apply. Management or Supervisor will determine times.
18. Non-paid lunch break, approx. ½ or ¾ hour to be determined by Management or Supervisor.
19. Definitely No Subs. Do not ask because a decline may cause disappointment.
20. Termination of casual employment will be at the discretion of the Management.
21. Pickers are to return all picking equipment to the shed daily. Lost or damaged equipment will be deducted from wages.
22. Employees must notify the Supervisor if work started or finished before other employees. Please write the job you were doing. Supervisor to sign time sheet.
23. Personal Hygiene- Wash your hands with soap and water and dry them before handling fruit, after visiting the toilet, handling animals, smoking or handling waste food and rubbish.
24. Pay week is from Friday to Thursday and Payday is on Wednesday. Direct deposit to your bank account.
25. Deductions incurred by me, the employee, will be deducted from my weekly pay by the employer.
26. Seasonal Tax is less 13% unless advised differently by the employee.
27. The above procedures are designed to make a safe working environment for all workers. At all times use common sense, take care and be aware of what is going on around you. Help others if necessary.
28. I acknowledge the induction and training procedures. I hereby agree to comply with any reasonable health and /or safety instruction given by the employer or his/her representative. I have read, accept and will abide by all policies in the manual. (View Manual attached)
29. If you do not fully understand any procedures or induction or anything regarding your work requirements or the application form, please ask for assistance.

SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: (PRINT PLEASE) \_\_\_\_\_

PLEASE COLLECT TAX DECLARATION FROM THE OFFICE AND COMPLETE AND RETURN TO THE OFFICE.